MARYLAND
MEDICAL JOURNAL
A WEEKLY JOURNAL OF
MEDICINE AND SURGERY
AE SCHULZ BALTO

VOLUME XXXVI. NO. 15
WHOLE NO. 826

BALTIMORE, JANUARY 23, 1897.

$3.00 A YEAR
10 cts. A COPY

THIS JOURNAL IS ENTERED AT THE POSTOFFICE AT BALTIMORE, MARYLAND, AS SECOND-CLASS MATTER.

CONTENTS.

ORIGINAL ARTICLES.

The Importance of Laboratory Methods in Diagnosis. By Charles E. Simon, M. D., Baltimore. 257

Syphilis of the Innocent. By Henry Alfred Robbins, M. D., Washington, D. C. . . . 261

Are Dispensaries Really Abused? By Chas. W. Hartwig, M. D., Baltimore. . . . 264

CORRESPONDENCE.

"Hydrophobia." 267

MEDICAL PROGRESS.

Recent Progress in Dermatology. By T. C. Gilchrist. 267

EDITORIAL.

Malt Extracts. 270

Abused Members. 271

The Feces. 271

MEDICAL ITEMS. 272

BOOK REVIEWS. 273

CURRENT EDITORIAL COMMENT. . . . 273

PUBLISHERS' DEPARTMENT. . . . 274

MERCAURO
(THE Tonic ALTERATIVE)
INCREASES THE QUALITY AND QUANTITY OF
RED BLOOD CORPUSCLES
more rapidly than any other known therapeutic agent.
AVERAGE DOSE 10 DROPS
CHAS. ROOME PARMELE CO.,
26 PLATT STREET,
NEW YORK.

ANTITOXINS—

Diphtheria, Streptococcus Tetanus and Venomous

We are prepared to furnish any or all of the above-named ANTITOXINS at a moment's notice. They are the products of the Pasteur Laboratories, Paris; whence we receive them by direct and frequent importation, thus insuring their freshness and purity. We also furnish ANTITUBERCLE SERUM, which has now been successfully used by more than 100 American physicians.

Our DIPHTHERIA ANTITOXIN (Roux) is made in two strengths, each vial of 10 c. c. containing 2,000 or 3,000 units, respectively.

Literature or written information cheerfully furnished on request. Please mention this journal.

PASTEUR VACCINE COMPANY, Ltd.
(United States and Canada)
56 Fifth Avenue, CHICAGO

Opium and its alkaloids are invaluable drugs, but have disadvantages. Papine serves a similar purpose, without the disadvantages. IODIA is an alterative in the true sense of the word. BROMIDIA has a host of users throughout the civilized world, many of whom stand high in professional renown. In prescribing these preparations always specify *"Battle's,"* and see that the prescription goes to an honorable and reputable druggist who will not stultify or degrade his good name and reputation by *substitution.*

DEERING J. ROBERTS, M. D.,

In Southern Practitioner, Sept., 1896.

Uniformly Effective, Agreeable and Lasting,—the Standard Preparation of Erythroxylon Coca

During past 30 years most popularly used Tonic-Stimulant in Hospitals, Public and Religious Institutions everywhere.

VIN MARIANI

"MARIANI WINE"

We have received over 7000 written endorsements from PROMINENT PHYSICIANS in Europe and America.

FORMULA: The concentrated extract—the aromatic principle of the fresh Coca Leaf, blended with a special quality of grape juice of southern France.

DOSE: Wine-glassful three times a day, or more or less at Physician's discretion.

Nourishes = Fortifies = Refreshes

AIDS DIGESTION = STRENGTHENS THE SYSTEM

AGREEABLE TONIC-STIMULANT WITHOUT UNPLEASANT REACTION.

To avoid disappointment please specify "Vin Mariani."

SOLD AT ALL PHARMACIES.

PARIS: 41 Boulevard Haussmann.
LONDON: 239 Oxford Street.
MONTREAL: 28 Hospital Street.

MARIANI & CO., 52 W. 15th St., New York.

It's a Wise Nurse

that aids the convalescence of patients by administering

ANHEUSER-BUSCH'S *Malt-Nutrine* TRADE MARK.

—**the food drink.** It is the palatable nutriment of the finest quality of malt and hops. Its strengthening and flesh-making properties make it invaluable to nursing mothers, consumptives and all sufferers from wasting diseases. Endorsed and prescribed by the medical profession generally.

To be had at all druggists' and grocers'.

Prepared by

ANHEUSER-BUSCH BREWING ASS'N,

St. Louis, U. S. A.

Send for our handsomely illustrated colored booklet and other reading matter.

BARTHOLOMAY BREWING CO.

ROCHESTER, N. Y.

• • •

ANALYSIS: —

By PROF. LATTIMORE,
Prosessor of Chemistry at the University of Rochester, New York.

The result of the Analysis, expressed in percentages by weight, is as follows:

Specific Gravity	10 11	Alcohol	5.30
Extract	3.95	Maltrose	0.51
Dextrine	2.70	Albuminoids	0.35
Lactic Acid	0.12	Ash	0.18
Phosphoric Acid	0.02	Water	90.76

The analysis gave no indication that in the manufacture of this Beer any other substances had been used than Malt, Hops, Yeast and Water.

S. A. LATTIMORE.

None Genuine unless having our Label and Trade Mark.

• • •

Baltimore Branch Office and Depot,

227 to 239 S. CENTRAL AVENUE, Baltimore, Md.

TELEPHONE 1060.

GEO. C. SUCRO, MANAGER.

The Chas. Willms Surgical Instrument Co.,

MANUFACTURERS, IMPORTERS AND DEALERS IN

FINE SURGICAL INSTRUMENTS.

ESTABLISHED 1869.

❀

Deformity Apparatus,

Elastic Hosiery,

Trusses,

Bandages, etc.

❀

❀

Physicians', Surgeons', Hospital and Invalid Supplies.

Fine Microscopes and Accessories.

❀

All the Latest Novelties and Improvements Supplied upon Short Notice. Competent Ladies' Assistant

No. 300 N. HOWARD STREET, Baltimore, Md.

Illustrated Catalogue, over 500 pages, sent Free upon Application.

Peptenzyme

A PERFECT DIGESTANT

Peptenzyme is a prompt and effective physiological remedy for all forms of Dyspepsia, Vomiting, Cholera Infantum, Malnutrition, etc., as it contains all the ferments furnished by nature for the perfect digestion of all kinds of food.

Peptenzyme also contains the *Osmogen* or *Embryo Ferments*, from which spring the matured or active ferments. By the appropriation of these undeveloped ferments the different organs of digestion are strengthened and stimulated to greater activity, so that they are afterwards able to supply the proper amount and quality of digestive secretions. The immediate effects noted are improvements in appetite as well as digestion.

Samples and literature mailed free to any physician, also our new edition of Diet Tables.

REED & CARNRICK, New York

Protonuclein

Is now recognized by those who have carefully studied its effects as the most important therapeutic agent known to the profession.

METCHNIKOFF, who discovered the nature and function of the leucocyte, stated that in his opinion, **"The secret of health will have been discovered when science learns how to increase the number of white blood-corpuscles at will."**

Protonuclein produces leucocytosis as soon as taken into the organism, and in this way becomes nature's tissue-builder and antitoxic principle. It is within the leucocyte that all proteid matter is converted into living substance, there that it receives the impress of life, is changed into a cellulized, vitalized pabulum ready for appropriation by the tissue-cells. Protonuclein is obtained from the lymphoid structures of healthy animals by a mechanical process which does not destroy its integrity.

Protonuclein *is indicated* in all forms of wasting diseases and asthenic conditions. It rapidly restores the vitality of all the tissues by stimulating and supporting assimilative nutrition. It is also indicated in all diseases due to toxic germs and in the treatment of Neoplasms, Ulcers, and all surface lesions, malignant or otherwise. It is also indicated as a prophylactic in exposure to contagion or infection.

Protonuclein is put up as follows: For Internal Use, **Protonuclein Tablets** (three grains), **in Bottles of 100, 500, and 1000; Protonuclein Powder, in Ounces and Half Pounds. Protonuclein Special,** for Local Application and Hypodermatic Use, **in Bottles holding ⅓ Ounce, 1 Ounce, and 8 Ounces.**

FOR SALE BY ALL DRUGGISTS

Samples, Clinical Reports, and other literature sent on request.

REED & CARNRICK, New York

Highest Percentage Extract. ✣ Lowest Percentage Alcohol.
A Mild Stimulant. ✣ An Effective Tonic.

Just what the physician will prescribe for nursing Mothers, Convalescents, and victims of Insomnia or Nervous Disorders resulting from impaired digestion and overwork.

BRAUNSCHWEIGER MUMME
A PURE MALT EXTRACT—A SUBSTITUTE FOR SOLID FOOD.

Bottled for Sale and Delivered Anywhere.

LONG ISLAND BOTTLING CO.

A sample free to physicians who mention this journal.

BROOKLYN, N. Y.

THE RICHARD GUNDRY HOME
CATONSVILLE, MD.

A Private Institution for the treatment of Mental and Nervous Diseases and selected cases of Opium and Alcohol habits. Home comforts, Beautiful Grounds, 600 feet above tide water. Terms Reasonable. The Home is conducted by Mrs. Dr. Richard Gundry and Dr. R. F. Gundry. For further information, address DR. R. F. GUNDRY, Box 107 Catonsville, Md., or 1E. Centre St., Baltimore, Md.

Consulting Physicians: Dr. Henry M. Hurd, Supt. Johns Hopkins Hospital; Professors Thomas Opie and Geo. J. Preston, Baltimore, Md.; Dr. C. G. W. Macgill, Catonsville; Professor G. H. Rohé, Maryland Hospital, Catonsville, Md. References: Dr. Wm. Osler, Physician in chief Johns Hopkins Hospital; Dr. John B. Chapin, Pennsylvania Hospital for Insane, Philadelphia, Pa., Dr. W. W. Godding, Government Hospital, Washington, D. C.; Francis White, Esq., and Gilmor Meredith, Esq., Baltimore, Md.

COLCHI-SAL (Registered)
COLCHICINE SALICYLATE
NEVER FAILS IN
Gout,
Rheumatic Gout
(AND ALL)
Rheumatoid
Affections
Safe, Prompt and Effective.

COLCHI-SAL is dispensed in small Capsules each of which contains ¼ of a milligramme of Colchicine dissolved in 20 centigrammes of natural Methyl Salicylate, which is equivalent to 5 grains of Salicylate of Soda.

INDICATIONS.—In Gout in all its forms, Neuralgia, Rheumatoid Arthritis, Sciatica, Dysmenorrhœa of a Rheumatic Diathesis and all allied Rheumatoid or Gouty Affections.

Dispensed only on physicians' prescriptions.

An original bottle of 50 Capsules of COLCHI-SAL sent by mail on remittance of 75 cents to the wholesale agents.

E. FOUGERA & CO., New York.

Sold by all Retail Druggists and Jobbers.

NOTE ON INFANTILE SCURVY.

BY

JOSEPH LEIDY, JR., M. D., PHILADELPHIA,

ONE OF THE PHYSICIANS TO THE PENSYLVANIA HOSPITAL AND INSTITUTION FOR FEEBLE-MINDED CHILDREN, ELWYN.

CASE II. The following notes are of a case in private practice and one which was under constant observation :

> R. D., age eleven months, of healthy parentage, one of three children, came with the history of having Rheumatism. The symptoms were entirely referable to the lower extremities, which were painful to the touch, though no evidence of swelling could be detected. When the soles of the feet were pricked the child would make partially successful efforts to draw the limb up ; pressure along the femur or over the knee-joints occasioned considerable pain. Petechial spots were present over both tibia and on the *lower* gums. There was slight anemia. Heart and lungs negative; bowels loose. As the patient was upon sterilized milk, the diet was continued, and in addition, beef-juice and orange-juice ; but little progress was made. At the end of ten days the gums were decidedly spongy, the limbs not at all improved (owing to the tendency to diarrhea), and considerable gastro-intestinal irritation. Pasteurized milk with Fairchild's Peptogenic Powder was substituted for the sterilized milk, in addition to beef-juice and orange-juice, which was continued. Without it were possible to witness the rapid progress toward recovery which this case made, I fear any account would be incredible. Suffice to say, that in four weeks, with the exception of the anemia, the symptoms had entirely disappeared. The patient had regained entire control of the lower extremities, is now increasing in weight, and the anemia rapidly disappearing.

Rheumatism was again the error in diagnosis in this case, and again a point of considerale interest, as well as the rapid amelioration under change of diet rich in fresh food. This child had been brought up on sterilized milk. Of the nine cases which I have had an opportunity of studying personally, six were fed upon one of the proprietary infant foods, three upon sterilized milk—all bottle fed.

Excerpt from *Boston Medical and Surgical Journal* of October 29, 1896.

Peptogenic Milk Powder

For Modifying Cow's Milk for Infant Feeding.

Made by

Fairchild Bros. & Foster,

New York.

BUFFALO LITHIA WATER

Disintegrates and breaks down Urinary Calculi, both the Uric Acid and Phosphatic Formation, and other Varieties as well.

ANALYSES AND REPORT BY DR. R. OGDEN DOREMUS

Professor of Chemistry in the Bellevue Hospital Medical College, New York.

NEW YORK, December 3, 1896.

Dr. E. C. LAIRD, Resident Physician,
Buffalo Lithia Springs, Va.

Dear Doctor :—

I have received the five collections of **Disintegrated Calculi**, each collection containing a number of fragments, and also the three boxes, each containing a single Calculus, mentioned in your letter as discharged by different patients while under treatment by the **BUFFALO LITHIA WATER, Spring No. 2.**

I have analyzed and photographed parts of each specimen, and designated them alphabetically.

One of Calculi from collection marked "A" was 5/16 of an inch in diameter, of an orange color, and on section exhibited a nucleus surrounded by nine concentric layers of a crystalline structure. On chemical analysis it was found to consist of **Uric Acid** (colored by organic substances from the urine), with traces of Ammonium Urate and Calcium Oxolate. A fragment of a broken down Calculus from the same collection was found to consist of **Uric Acid.**

One of the fragments taken at random from the collection marked "B" which was still more disintegrated than the preceding one, proved on analysis to be composed chiefly of **Urid Acid** and Ammonium Urate, with a trace of Calcium Oxolate.

The contents of the boxes marked "C" consisted chiefly of whitish Crystalline materials. On microscopic examination they exhibited well defined and prismatic crystals, characteristic of "Triple Phosphate." On chemical analysis they were found to consist of Magnesium and Ammonium Phosphate (triple phosphate), Calcium Phosphate, Calcium Carbonate a trace, Sodium and Potossium Salts in traces, Uric Acid and Urates none, Calcium Oxolate none, Organic debris in considerable quantity, and matters foreign to Calculi.

The fragments of Calculi in the collection marked "D" were numerous, and of sizes varying from small fragments to 7/8 inches in length, 5/16 inches in width and 5/16 inches in thickness. Some of the fragments were white and others were gray in color. On chemical analysis they were found to consist partly of the variety known as "Fusible Calculus," Ammonium and Magnesium Phosphate with Calcium Phosphate also, Calcium Phosphate, Calcium Carbonate in traces, Calcium Oxolate in traces, Uric Acid in traces and Organic matter.

The Calculus in collection marked "E" were nodulated and nearly spherical in shape, consisting of Crystalline layers from 1/8 to 1/4 of an inch in diameter. They were of a brown color, and on analysis were found to be chiefly Uric Acid, with some Ammonium Urate and traces of Organic matter.

Yours respectfully,

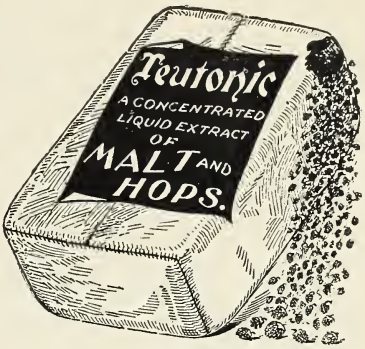
Analyses F, G and H, omitted for lack of space. R. OGDEN DOREMUS.

Water in Cases of One Dozen Half-Gallon Bottles, $5.00. F. O. B. Here.

SOLD BY ALL FIRST CLASS DRUGGISTS.

THOS. F. GOODE, Proprietor, - - Buffalo Lithia Springs, Va.

PHYSICIANS *prescribe* WITH BEST RESULTS



Only when a superior preparation like **TEUTONIC** *is used—*
When a malt extract is indicated **TEUTONIC** *will be found to stand all chemical tests as thousands of physicians affirm.*

S. LIEBMANN'S SONS BREWING CO.
36 FOREST ST. — BROOKLYN, N.Y.

LISTERINE.

THE STANDARD ANTISEPTIC.

LISTERINE is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

LISTERINE is of accurately determined and uniform antiseptic power, and of positive originality.

LISTERINE is kept in stock by all worthy pharmacists everywhere.

LISTERINE is taken as the standard of antiseptic preparations: The imitators all say, "It is something like LISTERINE."

LAMBERT'S LITHIATED HYDRANGEA.

A valuable Renal Alterative and Anti-Lithic agent of marked service in the treatment of Cystitis, Gout, Rheumatism, and diseases of the Uric Diathesis generally.

DESCRIPTIVE LITERATURE UPON APPLICATION.

LAMBERT PHARMACAL COMPANY, ST. LOUIS.

It never irritates

if used with a clean needle.

Dose: 5 to 20 minims.

It never nauseates

when given by the mouth.

Dose: 5 to 30 minims.

---

50 Cents net per Bottle to Physicians.

SHARP & DOHME

BALTIMORE

CHICAGO NEW YORK

Your Druggist has it or can get it for you.

DANIEL'S
Conct. Tinct. Passiflora Incarnata

Few remedies in the history of medicine have obtained such phenomenal popularity in the short space of a few years as **Passiflora Incarnata.** It first came into prominence as a remedy for tetanus in veterinary practice, for which, on investigation, it was found to be a specific. Many physicians began experimenting with the remedy in other cases. It was but a short step from tetanus to spasms and Passiflora again scored a signal success—5 to 15 drops four times daily. Further experiments along the line of nervous diseases demonstrated its wonderful value in the convulsions of children, in spinal meningitis and in chorea—5 to 30 drops. But Passiflora's great triumph was yet to come. As clinical reports of its use in various nervous maladies accumulated here and there, one could find it mentioned incidentally, that the patient had "passed a very restful night," "had slept soundly and was refreshed the next morning," etc. "A hint to the wise" being sufficient, physicians began using it for stubborn cases of sleeplessness, when, in teaspoonful doses, they invariably found that it brought a sweet, refreshing slumber; that the patient felt brighter the next day; that no untoward after-results were discernible; that it was not necessary to gradually increase the dose to obtain this result. This deep, quiet repose and refreshed feeling on awakening is vastly different from the heavy, lethargic stupor and dulled sensibilities and nausea on awakening, so characteristic of morphine and narcotics generally.

In several cases on record it has been shown that Passiflora, in teaspoonful doses, has power to quiet the delirium, to produce sleep and to check the intense craving for stimulants, incident to the different stages of delirium tremens. Many physicians have testified to its value in typhoid and other fevers, to control restlessness and induce a natural, restful sleep; also for the nervous disorders of infants during dentition.

Passiflora is usually employed in the Conct. Tinct. (**Daniel's**) 5 to 60 drops. One teaspoonful repeated in half an hour, if necessary, is the usual dose for sleeplessness.

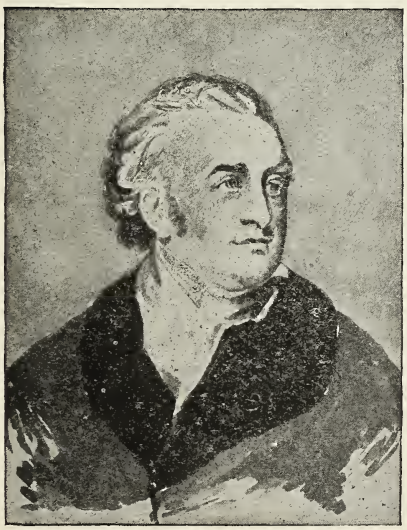
Prepared by JNO. B. DANIEL, 34 Wall Street, Atlanta, Ga.

FOR SALE BY

PHILADELPHIA:	NEW YORK:	CHICAGO:	BALTIMORE:
Smith, Kline & French Co.	C. N. Crittenton.	Fuller & Fuller Co.	Gilpin, Langdon & Co.
Shumaker & Busch.	McKesson & Robbins.	Morrison, Plummer & Co.	

RICHMOND: Purcell, Ladd & Co.

WRITE FOR LITERATURE.



SIR ASTLEY COOPER.

WHAT WE BELIEVE

We prepare what we believe to be the very best Surgical Dressing in the world. We realize that this is a broad statement. We realize that our advertisements are addressed to the most intelligent and progressive professional men of today. We ask these surgeons and physicians to remember, however, that every preparation has to fight its way into notice and favor. The only way for us to inform the profession about our Surgical Dressing is to use the advertising pages of the best class papers. That is why we appear here. We call our preparation

UNGUENTINE

The ingredients used are Alum, Carbolic Acid and Ichthyol, combined with a pure petrolatum base. This is the modified formula of Sir Astley Cooper.

From the alum we eliminate all the irritating properties. The method we follow in the treatment of Alumina Salt is known only by us. It is this exclusive knowledge that imparts such marked healing qualities to Unguentine.

UNGUENTINE is without acidity. It never grows rancid. When you want it, it is ready. It is thoroughly antiseptic. Frequently it leaves no scar tissue. It is a universal healer. Its field of usefulness is unbounded. It is indicated wherever inflammation of any degree or kind is present.

We simply ask a fair trial of our preparation. Judge it by what it does—not by what is said about it. We shall be glad to send a sample free to any physician, upon request, together with clinical reports and an autobiography of Sir Astley Cooper, the originator of the working formula.

NORWICH PHARMACAL CO., Norwich, N. Y.

NEW YORK OFFICE, 140 William St., Cor. Fulton.
BOSTON OFFICE, 620 Atlantic Avenue.

"WELL PREPARED!! NUTRITIOUS!! EASILY DIGESTED!!"

HIGHEST AWARDS WHEREVER EXHIBITED

THE WORLD'S COLUMBIAN COMMISSION.

IMPERIAL GRANUM

THIS STANDARD PREPARED

FOOD

IS EARNESTLY RECOMMENDED as a most reliable FOOD for INFANTS, CHILDREN and Nursing-Mothers;—for INVALIDS and Convalescents;—for Delicate and Aged persons. It is not a stimulant nor a chemical preparation; but a PURE, unsweetened FOOD carefully prepared from the finest growths of wheat, ON WHICH PHYSICIANS CAN DEPEND in FEVERS and in all gastric and enteric diseases. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and IS OFTEN THE ONLY FOOD THE STOMACH CAN RETAIN.

SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—"*The Feeding of Infants,*" *in the New York Medical Record.*

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet, London, Eng.*

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription.*

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery, New York.*

Not only palatable, but very easily assimilated.—*The Trained Nurse, New York.*

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annual of the Universal Medical Sciences, Philadelphia, Penna.*

Highly recommended and endorsed by the best medical authorities in this country.—*North American Practitioner, Chicago, Ills.*

It has acquired a high reputation, and is adapted to children as well as adults—in fact, we have used it successfully with children from birth.—*The Post Graduate Journal.*

The results attending its use have been very satisfactory.— * * * *M.D., in New York State Medical Reporter.*

Especially valuable in fevers, and often the only food the stomach will tolerate in many gastric and enteric diseases.—*Dominion Medical Monthly, Toronto.*

IMPERIAL GRANUM has stood the test of many years, while many competing foods have come and gone, and have been missed by few or none. But it will have satisfactory results in nutrition far into the future, because it is based on merit and proven success in the past.—*The Pharmaceutical Record, N. Y.*

★ 'Physician's-samples' sent free, post-paid, to any physician—or as he may direct. ★

JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK CITY, N. Y.

Hold Fast

To That Which Is Good!

WHEN a Physician **learns by experience** that a certain remedy produces positive results, he becomes familiar with its **indications, limitations** and **therapy,** and therefore wants no substitute or make-shift dispensed when he prescribes it.

When a Physician has for a long time prescribed

Pepto-Mangan ("Gude")

AS A BLOOD BUILDER IN

Anæmia, Chlorosis, Rickets, Amenorrhœa, Dysmenorrhœa, Chorea, Bright's Disease, &c., he knows by experience that it is a standard of therapeutic worth and wants no other.

BUT SOMETIMES THE PATIENT DON'T GET IT, DOCTOR!

To assure the proper filling of your prescriptions, order Pepto-Mangan "Gude" in original bottles.

IT'S NEVER SOLD IN BULK.

M. J. BREITENBACH COMPANY,

Sole Agents for United States and Canada,

56-58 WARREN ST., NEW YORK.

LABORATORY:
LEIPZIC, GERMANY

PHILLIPS' EMULSION

OF COD LIVER OIL

Insures to the patient 50 per cent. finest Norway oil (chemically unchanged) in minute subdivision, combined with the tonic Wheat Phosphates.

Its acid reaction favors osmosis and also precludes the saponification largely exhibited in the alkaline emulsions with the Hypophosphites of Lime and Soda.

PALATABLE—PERMANENT.

A marked advance over the plain oil that is so disgusting and difficult of assimilation.

The "Just as good" fiends are now pirating upon the preparation of

PHILLIPS' PHOSPHO-MURIATE OF QUININE

COMPOUND,

—a medicinal agent originated and introduced many years since by this Company, and with a reputation because of its character and efficiency, the exactness and care of its preparation and consequently in perfect uniformity and reliability.

To avoid disappointing results, prescribe, and look to it that the patient receives, PHILLIPS.'

This easily appropriated Compound of the *Soluble Wheat Phosphates,* with *Muriate of Quinine, Iron* and *Strychnia,* is particularly indicated in most conditions of malnutrition, and such exhibition of *Phosphatic* deficiency as *glandular enlargements, scrofulosis, imperfect bone formation,* or *impairment of the central nervous system.*

DIGESTIBLE COCOA.
WHEAT PHOSPHATES.
MILK OF MAGNESIA.

THE CHAS. H. PHILLIPS CHEMICAL CO., 77 Pine St., New York.

RESINOL

(R : *Unguentum Resinol.*)

An absolutely reliable

Anti-pruritic, Local Antipyretic,

Emollient and Skin Nutrient.

RESINOL, by promptly dissipating capillary hyperæmia, has established itself as the best local application in Erysipelas and other forms of Dermatitis, and as the remedy *par excellence* in all eruptions and irritations of the skin, as *Eczema, Herpes, Acne, Psoriasis, Seborrhœa, Tinea Capitis, Inertrigo, Sunburn, Eruption of Poison Oak, Burns and Scalds, etc.* Stops the itching of *Pruritus Ani* or *Vulvæ, Itching Piles, Marginal Eczema, etc.*, instantaneously, and immediately subdues the fiery inflammation of *Vulvitis, Balanitis, etc.*

RESINOL is a harmless antiseptic and a true skin anæsthetic, absolutely non-irritant and non-toxic)free from lead, mercury, or cocaine), can be applied to mucous, excoriated or denuded surfaces of any extent at any age without fear of untoward results, and is not contra-indicated by any internal medication that may be deemed advisable.

OPINIONS FROM THE PROFESSION.

From **H. S. CUNNINGHAM, M. D.,** *Prof. of Gynæcology and Clin. Dis. of Women, Amer. Med. Col., Indianapolis, Ind.:* "I have been delighted with the action of RESINOL in Pruritus Vulvæ, Tinea Capitis, etc."

From **F. G. WELCH, M. D.,** *New York City:* "For Senile Eczema, especially with Pruritus, RESINOL is the best application I have found in twenty-five years' practice."

From **W. J. BRANDT, M. D.,** *Brooklyn, N. Y.:* "Surely in your preparation, RESINOL, you have a most wonderful antipruritic remedy. I have used it upon myself and my relief has been complete and absolute."

From **E. S. HOYT, M. D.,** *Specialist, Rectal Diseases, New York City:* "RESINOL is one of the best local anti-phlogistic remedies I have ever used. It subdues the intense inflammation in Strangulated Hemorrhoids in a very short time."

From **H. S. DWIGHT, M. D.,** *Philadelphia, Pa.:* "In the various skin affections arising from high temperature in mills where operatives are exposed, I have found RESINOL admirable. I have also used it with good results in Chafing, Scrotal Eczema and Vulvitis."

RESINOL is put up in *one ounce jars* at 50 cts. ***each,*** and can be obtained at any drug store.

Sample sent ***free*** on application, or ***one*** regular size jar for trial on receipt of 25 cents.

RESINOL CHEMICAL CO., Baltimore, Md.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXVI.—No. 15. BALTIMORE, JANUARY 23, 1897. Whole No. 826

Original Articles.

THE IMPORTANCE OF LABORATORY METHODS IN DIAGNOSIS.

By Charles E. Simon, M. D.,
Baltimore.

FIFTH PAPER.

The examination of the feces. — An examination of the feces should be made in all obscure cases of gastro-intestinal disease, as information of value may thus be obtained which could not have been gathered in any other manner.

Amoebic colitis, for example, can only be diagnosed by means of the microscope and successful treatment in this disease, more particularly, presupposes an absolutely correct diagnosis. The experience gathered at the Johns Hopkins Hospital goes to show that this form of colitis is by no means uncommon in the vicinity of Baltimore and the writer would urge upon the physicians living in the country the importance of a careful examination of the feces in every case of "dysentery" or "chronic" diarrhea. The life of the patient will frequently, nay, almost always, depend upon an accurate and early diagnosis.

Patients not infrequently apply to the physician for treatment "because they pass a little blood in their stools." Such cases should always be examined with care and not sent from the office with a simple prescription for supposed piles. A number of such cases have already been reported in which a careful examination of the anus revealed not only the absence of piles, but showed the presence of the amoeba coli in the feces. Further questioning then brought to light that these patients had recently passed through an attack of dysentery. It is very probable that liver abscess, referable to the amoeba coli, would have followed, had proper treatment not been instituted at once.

Piles should only then be diagnosed when they have been actually seen or felt. Physicians generally look at the throats of their patients when they have been informed that they are sore. Why should the anus be thus neglected?

The diagnosis of "intestinal indigestion," viz., chronic intestinal catarrh, should never be based upon the subjective symptoms of the patient alone, but upon the clinical history, taken in conjunction with the results of a careful general examination, including an examination of the gastric contents and of the feces. The almost frantic manner in which almost everything is lately regarded as intestinal indigestion and treated with the various preparations of diastatic ferments is, to say the least, amusing. The journals are full of reports upon the action of such preparations in intestinal indigestion. The writer has undertaken to study the re-

ported cases somewhat critically and has reached the conclusion that the diagnosis was not once beyond doubt. "Biliousness" is fortunately beginning to go out of fashion. May "intestinal indigestion" not take its place!

Nothnagel has shown us that it is not only possible by means of a microscopical examination of the feces to definitely recognize the existence of a chronic catarrhal condition of the intestines, but also to determine its seat with a fair degree of accuracy. His principal conclusions may be summarized as follows:

1. The presence of pure mucus in the absence of fecal material in the dejecta may be regarded as indicating a catarrhal condition of the rectum, sigmoid flexure or the lower portion of the descending colon.

2. A coating of scybalous masses with mucus is usually found in catarrhal conditions of the rectum and the descending colon.

3. A chronic catarrh of the lower segment of the intestine, viz., rectum and descending colon, cannot be excluded, however, by the absence of notable amounts of mucus upon scybalous masses.

4. The presence of hyaline particles of mucus which are visible only with the microscope and which are intimately mixed with the firm or thickly, mushy feces, in the absence of mucus visible with the naked eye, indicates a catarrhal condition of the upper portion of the large intestine, or of the small intestine.

5. The presence of small yellow particles of mucus in the feces indicates disease of the small intestine.

6. The occurrence of a typical bile pigment reaction, when the feces are treated with nitric acid, indicates the existence of increased peristalsis throughout the entire large intestine and the lower portion of the small intestine. From the character of the pigmented constituents of the feces, moreover, it is possible to state whether we are dealing with an increased peristalsis, *per se*, or whether we are dealing with a catarrhal condition of the small intestine.

7. The presence of cylindrical epithelial cells, leucocytes and fat droplets stained with bile pigment, as also of the yellow particles of mucus already mentioned, indicates catarrh of the small intestine associated with increased peristalsis.

8. The presence of an abnormally large number of muscle fibers, as also of starch granules and of fat, is associated with increased peristalsis of the small intestine.

It is thus clear that a careful microscopical examination of the feces will not only indicate the existence of a catarrhal condition of the intestine, but approximately also its seat. If a positive result be reached we may assume that intestinal indigestion exists, as the presence of abnormally large quantities of mucus upon the intestinal mucosa will of necessity interfere with the prompt absorption of the products of salivary, gastric and pancreatic digestion and give rise to increased fermentative and putrefactive processes. The mere occurrence of rumbling, flatus, distension of the abdomen, constipation, anorexia, coated tongue, headache, etc., is not sufficient to establish the diagnosis; the feces must invariably be examined likewise, not to speak of the gastric contents.

An examination of the feces is furthermore indicated in cases of so-called "simple colic." The great majority of these are in reality instances of cholelithiasis and a careful sifting of the feces after an attack will not infrequently lead to the discovery of one or more little gall-stones. The general practitioner should ever bear in mind the dictum of Riedel, the correctness of which has since been amply demonstrated, that icterus does not occur in the great majority of cases of cholelithiasis and that attacks of colic, which do not yield to treatment directed toward the stomach, should be transferred to the surgeon. Anthelmintics should never be administered unless an examination of the feces has revealed the presence of parasites or their ova.

General Technique.—Patients should be instructed to send their stools, as

soon as passed, to the physician's laboratory. Preserving jars made of glass are most convenient for this purpose. In every case the examination should be made on the day on which the specimen is received, and a careful record kept for future reference. This record should contain a general description of the stool as it appears to the naked eye. Its color, consistence and configuration, the presence of mucus, blood, pus, remnants of food, such as curds of milk, undigested bits of meat, vegetables and fruit, seeds, parasites, etc., should all be noted.

If the stool be formed or of a mushy consistence, a portion should be stirred with water and placed in a conical glass for sedimentation. Several drops of the sediment are then spread out upon a glass slide, or a piece of window glass, as described in the examination of the sputum, and examined first with a low and then with a high power. If the examination with the naked eye has revealed the presence of mucus, bits of this should be separately examined with the high power under a coverglass. In the case of a liquid stool it is best not to add any water, but to examine various particles as such, a drop of dilute saline solution (0.6 per cent.) being added, if necessary. In every case particles of mucus should be sought for and studied with special care. Whenever a dysenteric stool is examined, or whenever it is desired to search for amoebae it is well to heat the stool to the temperature of the body and to thoroughly warm the microscopic slide. A warm stage is very convenient, but can be readily dispensed with.

The Amoeba Coli. — The stools in amoebic colitis may vary greatly in appearance. In fresh cases they are usually small in amount, mucoid and streaked here and there with pus. A few grayish white threads are probably always present and in these the amoebae are most abundant. At other times the stools apparently consist of a greenish pultaceous mass in which large, irregular sloughs may be found. In the more chronic cases, however, the stools may be formed, but are covered with large threads of mucus, or may even be entirely enveloped in this material. In this mucus the amoebae will be found.

The appearance of the amoebae is also variable. When at rest they assume a circular, ovoid outline presenting a granular interior so as to resemble a large leucocyte. Most characteristic, however, are the actively moving organisms. Their outline then is irregular. If one of these be studied under a high power a rounded transparent hemispherical knob will be seen to project from some portion of the parasite into which the granular contents of the main body will flow. By thus throwing out pseudopodia the animal is capable of a fairly rapid progression. When once seen they will always be remembered, and are then easily recognized.

The diagnosis, "amoebic colitis," should hence only be made when actively moving amoebae are found, unless indeed, the examiner has had a fair amount of experience, but be it remembered that cold will cause the organisms to assume the circular outline and to become quiescent. Whenever, then, suspicious-looking bodies are found, the slide should be carefully warmed, so as to cause the animal to throw out pseudopodia. Quiescent forms only are found in patients undergoing treatment (irrigation of the colon with a solution of quinine), and in such cases even the application of heat will not call forth any manifestations of life.

It is important to remember that the amoebae may reappear in the feces, when treatment has been suspended for several weeks, and as the patient is always exposed to the danger of amoebic liver abscess as long as amoebae are found in the stools, an examination should be made from time to time, and treatment renewed, until they have disappeared once for all.

In this connection it may not be out of place to point out the fact that the presence of amoebae in the expectoration invariably indicates the existence of liver abscess, often with perforation into the lung, a not uncommon, nay, even frequent, result of amoebic colitis.

Mucus.—The presence of mucus in

the feces must be regarded as an abnormal event in every case. From the standpoint of diagnosis it is further important to note the form in which it appears, whether it be bile stained or not, its relative position in the feces, *i. e.*, whether it occurs upon the outer surface of the stool only, or whether it is found intimately mixed with the feces. Stools are thus met with in which the formed stool or scybalous masses are coated with a thick layer of mucus. In such cases this always presents a transparent, more or less cloudy appearance and is always white or gray, when isolated from the fecal material. In other cases the mucus is intimately mixed with the feces. The latter may be liquid, in which case particles of mucus of variable size may be seen to float about in the stool. Or, again, the stool is mushy in which case the presence of mucus will only be recognized by stirring the mass with a glass rod. Nothnagel has further pointed out that mucus may be present in formed stools in notable quantities, but only recognizable with the microscope.

In another set of cases nothing but irregular masses of pure mucus are passed, when it is of course recognized without difficulty. A similar condition is observed in cases of so-called mucous enteritis. The mucus here appears in the form of bands or cylinders of variable length. In still other cases mucus is found in the form of small yellowish brown or greenish little granules of the size of a poppy-seed and chemical examination will show that the pigment in question is bile pigment. If a drop of concentrated nitric acid be allowed to flow under the coverglass from the side, the typical change of color from yellow to green, to blue, finally to violet, will be observed (Gmelius' reaction).

While the presence of mucus, when occurring in larger masses, is readily recognized with the naked eye, the microscope is necessary, as already mentioned, to establish its presence when it occurs in the form of fine particles intimately mixed with the feces. If in such a case a bit of fecal material is spread out under a coverglass, little islets, more or less numerous, will be observed which apparently consist of tiny fragments which lie closely together, but are still each separated from the other by a very narrow interspace. This appearance is quite characteristic and is common to both the white, viz., gray and yellowish brown particles of mucus. Nothnagel regards their presence as characteristic of disease of the small intestine.

In liquid stools finally roundish or irregular, very pale, hyaline and opaque particles may be found with the microscope, which are devoid of any structure, and partly present a homogeneous and partly a fissured appearance. In all probability these also consist of mucus. Their clinical significance still remains to be determined.

It would lead too far to enter into a detailed consideration of the various morphological elements which may be found in the feces and their clinical significance. It will be sufficient to state that valuable information may frequently be obtained, if the feces be systematically examined in this direction.

Gall Stones.—In order to examine the feces for the presence of gall-stones they should be thoroughly digested with water and passed through a hair-sieve. Biliary concretions may then be found as small crumbling masses or as hard stones, presenting an irregular contour or the smooth characteristic facets. In size they may vary from that of a millet-seed to that of a pigeon's egg. As a rule, of course, they are quite small. The presence of large stones invariably indicates that perforation into the bowel has taken place.

Charcot-Leyden Crystals.—It would lead too far to enter into a description of the various parasites and their ova which may occur in the feces at this place. The writer, however, wishes to draw attention to the frequent coexistence of the so-called Charcot-Leyden crystals with helminthiasis, an observation which was first made by Leichtenstern and which has since been repeatedly confirmed. No special preparation of the stool is necessary. Small particles of fecal matter, diluted with a drop of water, are directly examined un-

der a high power. The crystals in question occur in the form of colorless, elongated octahedra which may vary very much in size. On the other hand, specimens may be found which are from six to nine times as long as the diameters of a red corpuscle, while others again are scarcely visible with even a high power, such as a $\frac{1}{7}$ objective (Bausch and Lomb). They are soluble with difficulty in cold water; insoluble in alcohol, ether, chloroform and dilute (0.6 per cent.) saline solution; slowly soluble in acids and alkalies and even in ammonia. Leichtenstern states that their persistence in the feces after the evacuation of an apparently complete tenia should be regarded as indicating the non-removal of the head.

In conclusion the writer wishes to refer to Elsner's method of demonstrating the presence of the bacillus of typhoid fever in the stools of the patients. If the claims made for this method should be substantiated by further study the diagnosis of typhoid fever could be made within twenty-four to thirty-six hours.

It might be well to send stools of cases of suspected typhoid fever to the bacteriologist of the Health Department for examination.

(Of late Vidal's method of diagnosing typhoid fever by an examination of the blood has attracted much attention. It seems that the method is reliable and preferable to that of Elsner. In the next paper this shall be dealt with in detail.)

SYPHILIS OF THE INNOCENT.

By Henry Alfred Robbins, M. D.,
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, DECEMBER 3, 1896.

THIS little colored girl, aged eleven years, has been referred to us for examination. She complains of sore mouth. On examination you will notice a typical opaline mucous patch, located just under the right bicuspid tooth. Look further and you see another in the right side of the buccal cavity, back by the first molar tooth.

You find enlargement and hardness of the post-cervical, sub-maxillary and epitrochlear glands. Dr. Arwine has placed the child in proper position on the table and you at once will notice a papular, indurated chancre, located on the right labia externa, which is edematous. Oozing from the vagina, there is a most foul discharge. On the corresponding side of the chancre, in the inguinal region, you feel a well-marked bubo. There is the macular erythema, the first eruption of syphilis extending over the chest and abdomen.

On November 11 I reported to the Medical Society three cases of what I supposed were syphilis of non-venereal origin. They were all colored female children, each nine years old. One had enlarged glands and the inguinal and epitrochlear were especially well marked. Over the abdomen there was the characteristic macular eruption. Seated on the labia majora there were a number of condylomata and there was a slight oozing of a mucous discharge at the posterior commissure. The labia were very edematous and on account of the tender age of the child we could not make a thorough examination. The mother has brought the child with her today. You notice now that the edema has subsided and the soakings of black wash and daily dusting of calomel have caused the condylomata to disappear, also .the cauliflower-like excrescences that extended to and around the sphincter ani. Upon separating the labia you see located just within the labia externa, a little to the left of the fourchette, a papular chancre, about the size of a pea, with its ring-like induration.

The water-closet has been accused of being the place where venereal diseases are acquired. There are only two ways

in which the disease can be acquired and that is by direct or indirect contact with something that contains the virus of syphilis. These cases may have been acquired by contact with the parts described, of a not properly cleansed clot, which has been used during the menstrual period of a syphilitic woman, or they may have been produced by design, as it is a well-established fact that certain of the degraded and vicious classes think that if they acquire syphilis they can rid themselves of it by giving it to a child.

Several years ago my friend Dr. Cuthbert sent for me in consultation to see a little colored boy aged five years. We found a characteristic chancre on his prepuce, enlargement of the lymphatic glands and he was covered with a macular erythema. The child confessed to us that his grown up nurse had taken liberties with his person. Only a few days ago, we had in our service a little colored boy seven years old with an acute attack of gonorrhea, the gonococci of Neisser being found in large numbers in the smear of gonorrheal pus on the slide.

This shows the great importance of having a hospital for treatment of venereal diseases where suspected servants can be sent for examination and treatment.

The world at large begins to recognize the contagiousness of pulmonary tuberculosis. Syphilis is just as contagious—I mean acquired in an innocent way. It is not a pleasant topic, neither is smallpox, but the big pox is far more dreadful, for it is not recognized and many of its symptoms are attributed to other diseases, examples of which I gave in a paper called "Syphilis of the Vital Organs."

It is fashionable just now to establish sectarian hospitals for the treatment of the eye, ear and throat. Take away syphilis and there would be no necessity for such hospitals, as it is the chief cause of the eye, ear and throat cases of those who seek aid at the dispensary service.

This colored boy is seventeen years old and he says he has a sore on his penis and also a "waxing kernal." Now take a good look at that sore. You will not have to put on your spectacles or make use of a magnifying glass. It is of mature age and can speak for itself. I imagine it saying "Gentlemen, I am an ulcerating initial lesion of syphilis, and my brother Bubo the boy calls a 'waxing kernal;' you may recognize us in various forms for we have possession and have come to breed."

This is called the Hunterian chancre, but Ambrose Paré discovered it one hundred years before John Hunter was born and was the first to give an accurate description of what is now known as the initial lesion of syphilis.

You will notice that it is located on the right side of a long prepuce. We have already reported several varieties of chancres, initial lesions. I have always in my mind's eye the four types as described from a clinical point of view by the greatest of all living syphilographers, Alfred Fournier, viz.:

First. The erosive desquamative chancre.

Second. The ex-ulcerative chancre.

Third. The ulcerative chancre.

Fourth. The papular chancre."

The erosive chancre consists simply of an epidermic epithelial desquamation, which merely denudes the derma without excavating it.

The ex-ulcerative chancre attacks the derma superficially, laying it bare, but not actually excavating.

The ulcerative chancre (whose acquaintance you have made today, is a speaking illustration), on the other hand, is hollow, excavated, jagged, an ulcer, in fact, but an ulcer at the expense of its own tissue.

Finally, the papular or elevated chancre is situated on a sort of raised plateau and forms a disk rising above and sharply defined from the surrounding tissues; it sometimes assumes the appearance of the *ulcus elevatum* described by some authors.

Three of the little girls that you have recently seen answer to the description of the fourth type of chancre, as described by Fournier. The boy tells us in his own language that he was exposed

about three weeks ago and that he does not remember running against a cart-wheel and that he has not been lifting any heavy logs. This is a classical case, for twenty-one days is the average stage of incubation. According to Fournier, the first act of the drama of syphilis is contamination. Then apparent repose of the organism. Nothing appreciable betrays the disease as yet. Second Act. —Production at the point where the virus has penetrated, and only here, of a lesion called initial, which, for the time, constitutes the only expression of the disease. Third Act. — Explosion of multiple and disseminated lesions beyond and outside of the seat of contamination.

The average time of incubation varies according to the experience of various authors. Diday found the mean duration fourteen days, and so on up to du Mauriac, who mentioned forty days. There are exceptions, as Fournier reports a case in which the stage of incubation was seventy days after exposure. Simonét and le Fort report three cases with a duration of ninety days. The late Dr. F. J. Bumstead told me of a number of cases in which the disease was acquired in Europe, and was developed in this country. I met a young man in Paris who acquired the disease in Portland, Maine, and it made its first manifestations after he had arrived in the capital of France.

The next thing to look for after the appearance of the initial lesion is enlargement and hardness of the lymphatic glands, nearest to the lesion. This is what is called a bubo, or lymphadenitis. There you see it with its cord-like chain of lymphatic vessels leading up to it. Jonathan Hutchinson says that the immoral glands are located above Poupart's ligament, as this one is. Enlarged glands do not always mean syphilis, but I do not remember ever having seen a case of the disease, in which there were not enlarged glands, especially of the epitrochlear. You may find enlarged lymphatic glands and especially below the ligament of Poupart, caused by over-exercise, as excess in dancing, swimming, etc., and also from a sore on the foot or leg, of not a specific nature. We will not take up chancroidal buboes now, only to say that "Syphilis very rarely follows an open bubo." A true syphilitic bubo does not generally go on to suppuration.

Now we will disrobe the boy and we find a most abundant eruption over the chest and abodmen. This is known as the *erythema syphiliticum*, or the macular syphiloderm or syphilide. It is very slightly elevated above the surface of the skin. It varies in form and size. They are rounded hyperemic blotches. In the white race, the eruption is generally known as the roseola syphilide. As it does not itch, it sometimes comes and goes without being observed. Frequently you call the patient's attention to it.

Now our patient tells us that he suffers from headaches and rheumatism. The explosion has taken place and Fournier's drama of the third act of syphilis has commenced. In plain words the history of constitutional syphilis is complete and the disease is ripe for treatment.

Every one thinks he knows how to treat syphilis, especially those who fail to recognize it, when they see it. I regret to state that I have met disciples of Æsculapius who knew just about as much of the disease as Nicodemus did of the new birth.

I have hesitated about writing a paper on the treatment of syphilis, because every case has a history peculiar to itself, and requires a treatment adapted to that particular case. Some have the disease so lightly that I verily believe that they recover without any treatment at all. Other cases assume the most malignant type and go on from bad to worse, in spite of the most approved treatment.

Dr. A. E. Roussel, in the *Medical News*, May 20, 1893, reported a case that was of great interest to me. The patient was a man of exceedingly good record before he acquired the disease. He was forty years of age. Dr. Roussel had charge of the case from the time that the secondary symptoms first appeared. The patient, in spite of the em-

ployment of the very best methods of treatment, developed tertiary symptoms with most agonizing pains over each tibia. He also had necrosis of the hard palate as well as the alveolar processes of the superior maxillary bone and of nasal bones. In the eighth month of the disease, he was reduced from a weight of 190 to 140 pounds. He died a little over one year from the beginning of the disease.

This is a very uncommon history, I am glad to state, but I remember one somewhat similar that occurred here in Washington, about twenty-five years ago and which has never been reported. The man was a patient of one of our very best and noted physicians. This man lost his hard palate and it was with the greatest difficulty that you could understand his nasal twang. I remember that he had to be fed through a stomach tube. He was a married man, who paid dearly for only one licentious indulgence.

From an exalted position in a Presbyterian Assembly and holding an excellent social position he was reduced to an offensive mass of humanity, a most pitiable object. I remember that his wife forgave him and clung to him until they both disappeared from view. I heard that he had returned to his native land on the other side of the Atlantic.

Most fortunately I have had no such cases. I know of no other disease that responds so promptly to the skillful administration of the proper remedies. Often the results of our treatment seem only a little short of the miraculous.

We will give this boy one-quarter of a grain doses of the protoiodide of mercury three times a day.

You notice that we have ordered an ointment containing calomel ℥i, unguent. zinci oxid. ℥i, to be applied to the initial lesion. Long ago we ceased to cauterize the chancre. There is no possible objection to removing some forms with the knife. I would recommend it but I did not believe that it shortens the disease a day. You might as well cut out a vaccination inoculation and expect to abort the secondary fever pustulation. The virus has already been absorbed and is there to do its work.

ARE DISPENSARIES REALLY ABUSED?

By Chas. W. Hartwig, M. D.,
Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital.

THE subject under consideration is receiving widespread attention, not only here, but all over the entire civilized world. As this has been agitated so often before it will not be necessary to go into preliminaries, but simply to state facts. All are well aware that truths often highly offend, especially when driven home by facts. Our greatest hope is not in revolution but in rectifying a well-known existing and increasing evil. By education and in the teaching of morals to the public, to the false philanthropist who has ground down and made paupers of many. Who has suddenly become conscience stricken and by a payment in the form of tribute, thinking thereby to soothe the awakening conscience.

Many say all that is needed or required of one is to give. What becomes of the gift is a matter of no concern. But I say it is of the greatest import to know what good it does and to what purpose it is used. After that knowledge then we have done our part, or else in trying to counteract a misfortune, we are committing a disastrous and widespread evil. Indiscriminate giving of charity pauperizes a community, converts it into liars and thieves, fills our jails, almshouses and reformatories and who after a while think it an accorded privilege which has been vested in them.

And why ? Simply through the untiring efforts and encouragement of the thoughtless, uninitiated, the over-zealous and the misguided, or those trying to gain favor, honor and prestige.

Let me now cite a few illustrative instances only too true in dispensary life. A man will apply in a great hurry to be treated, as he cannot spare much time from his business. On being questioned he will merely state that he has been paying taxes for many years and because others better able to pay than himself have preceded him he point blank demands treatment. On being refused treatment the abuse heaped on the poor doctor's head is something awful, or possibly through lying, which is sometimes called cunning, manages to escape or evade answering the questions put to him, or answers them in an ambiguous way.

You can tell one who has traveled the circuit by the answers given; they seem to know what is wanted of them, and, of course, they reply to suit the emergency. Many a child is taught its A, B, C's in this special branch. We speak of schools for the education of pickpockets and thieves with a horror, but this fast growing and rapidly spreading evil is but lightly touched upon or not at all. In the one case the culprit is handled by moral, physical and civil law, but in the other is aided, abetted and fostered by the laity, clergy the doctor, and in fact by all. Which, if I may ask the question, is the worst, the former or the latter, or are they to be classed alike ?

I remember a girl twelve years of age on being asked what her father did, promptly replied that her father had told her to tell the doctor that he was very poor and could not pay for treatment. This was given with a great deal of pride, showing how easily and readily the young mind can be moulded. At the Presbyterian Eye, Ear and Throat Charity Hospital a blank is given with questions regarding the inability to pay sonething for treatment; this blank is handed to the suspected individual to fill out. Some few leave the place in disgust, refusing to fill out the same; others more brazen grit their teeth, put on a bold front and brave the storm, thinking by hook or crook to pass over the rapids and safely anchor with a few paltry dollars in their pockets for additional luxuries.

Wives unknown to their husbands, children to their parents, visit dispensaries enticed by some one who has been there before to save the fee of a visit to their physician and attend places of amusement or bedeck themselves with finery. To what must this eventually lead ? A certain minister of the gospel said it was not necessary always to tell the truth; it would seem as if this was the sentiment of many of our dispensary patients. At the Presbyterian Dispensary with which I am connected, charity patients have carried prescriptions in their pockets for two or three years which they have never had filled. This goes to show that they have simply made a convenience of the physicians. Others have the audacity on being caught in the act to say that they do not wish free treatment, pretending not to know where skilled private treatment can be obtained, if they have taken the pains to find a free place with the words—"For the poor only."

It is certainly less trouble to seek a physician's private office. Every excursion from out of town brings a raft of well-to-do persons who seek free dispensaries to save from $1.00 to $25.00 or more, robbing their own physician and boldly swindling another. Some have just returned from the seashore or mountains, of which the fagged out doctor is oftentimes more in need than the patient. But does he get his just desert ? When a doctor himself is ill do the hospitals cheerfully give him a room without paying for the privilege ? Outsiders are plead with and begged to receive the hospitality and charity extended, with the remark that it will cost you absolutely nothing and especial courtesy will be showered upon them.

I will incidentally relate just such a case of a medical man after serving on the staff of one of our institutions for a number of years, who was taken ill and

remained in the same hospital for three days, while still a member of the staff. Immediately after his convalescence he was promptly handed a bill. This goes to show with what courtesy and hospitality the doctor is received by the management. Pray, compare the overworked doctor with the spendthrift or drunken pauper who applies for free treatment. I leave out in comparison the deserving poor, who should at all times be received with open arms and welcomed. See how his work is followed up and appreciated and with what interest his many sacrifices are viewed.

It has been said that contributions are sought by some hospitals with the distinct understanding if a small amount of say one or two dollars is given they and their family need only to apply for free treatment which dare not be refused them whether it be worth $1.00 or $100. This may sound like a comedy farce to many, were it but so. But alas, it is only too true, as those who have investigated and weighed this question know only too well, but which some for policy sake dare not publicly acknowledge. How long is this burning question of the day going to last without any attempt being made on our part of setting things aright? Do not act the part of a coward and wait until a Napoleon miraculously springs up in our midst to conquer and guide you. But be a hero yourself, as opportunities (however golden) present themselves once only. It is therefore the act of wisdom to seize the opportunity. Are we justified in seeing free patients dressed in silks, satins and furs, wearing diamonds, gold watches and profusion of other jewelry, decorated with gold-rimmed spectacles, policemen, letter carriers, city and State officials in general, book-keepers, clerks, mechanics, etc., receiving a fair or good salary, habitual pleasure seekers and theater goers, those who spend their earnings in rum, etc.

How long will this inconsistency go unchecked? Can the medical man look on all this calmly and serenely without raising his voice? Just think for a moment; in Birmingham, England, 128,000 patients out of a population of 500,000 treated in hospitals and dispensaries. Dr. Boyes remarks: "It is a spectacle for the gods to laugh at—a body of learned men exerting their best efforts towards their own undoing." In our different Baltimore dispensaries I firmly believe that from 25 to 60 per cent. are unworthy recipients of charity. The only desire is that all of those who read on this subject will carefully and personally investigate, consider, think and reason out for themselves, get others interested and begin the teaching of morals. By the organization of associations and leading a joint and a personal crusade against those dispensaries disregarding and destroying the prospects of many physicians who are trying to earn an honorable living. A question many times asked, why waste your time and energies on such a minor and insignificant subject. A thing that is worth while tangling is certainly worth solving.

Can we apply our time and talents to a subject more practical and more profitable to all, than the present one that is undermining the medical profession and making medical existence almost unbearable and impossible, destroying the sense of honor, the pride and morality of the laity? What if we can check this calamity in its incipiency before greater havoc is created? Would not that be a practical procedure, a great achievement and a noble deed? Can this be done without injury to those it is intended to benefit? I answer in the affirmative, providing a certain number of physicians and the laity will truly and conscientiously work in harmony. Let us prove that the greater part of the community are not paupers and are not willing to be made such. Your help is needed, mankind needs it and as there is only one epoch in a man's life, grasp the opportunity as time is short at best.

MENTAL FATIGUE AND EXERCISE.—Bum thinks that physical exercise after mental exertion is very bad practice and should be discouraged in the schools. The best thing is physical rest and mental rest in the form of sleep.

Correspondence.

"HYDROPHOBIA."

ANNAPOLIS, MD., January 11, 1897.
Editor MARYLAND MEDICAL JOURNAL:

Dear Sir:—Having read with profound sorrow of the deaths of four boys in Baltimore recently, who were bitten by a rabid dog, and whose treatment at the Pasteur Institute, New York, we have a right to assume was proper and scientific, what are we to do? Four deaths out of eight inoculated will cause the plain country doctor to halt, hesitate, delay, and in this particular disease prompt and immediate treatment is a necessity. I am not writing as a master or teacher upon this subject, but simply as an humble student who has culled the work of other men. My father, and my grandfather, thought and wrote upon this subject; their ideas and those of their cotemporaries have afforded much food for reflection, in view of the innumerable remedies suggested for this as yet incurable malady.

Dr. Joseph E. Muse of Cambridge, Md., suggested several generations ago that chlorine was probably the best antidote for the poison of snakes and mad dogs owing to its power of decomposing animal poisons. Professor Binz of Bonn has of late years made some interesting experiments, using solutions of chlorine in and around the wound.

Dr. Muse also wrote and recommended vapor baths, as suggested by Buisson, for the purpose of sweating the unknown poison out of the system. The *Medical Record* of Jannary 9 mentions the Buisson or vapor bath treatment as a "New treatment for Hydrophobia;" this, of course, is an accident, as all of the readers of that journal must be aware of this old and tried remedy. I do not wish to be recorded as opposed to the Pasteur treatment; it may yet prove a god-send to the human race in the hands of scientific, earnest and faithful men.

I wish to be recorded as suggesting chlorine internally, externally and hypodermically in and around the wound as a reasonable, intelligent, sensible and practical remedy. To this should be added the vapor or sweat bath, which was in use for similar conditions centuries before Buisson ever wrote or was born.

I am not opposed to the advancement of science, new methods and new remedies, but from a careful survey of the histories of the numerous cures for rabies, from scull-cap to actual cautery and inoculation, I am forced to conclude that the remedy is to destroy the poison and eliminate it from the system. Observation, experience, reason, analogy, chemistry and high authority in medical science all teach that chlorine and its compounds will decompose and destroy the poison of insects, snakes and animals. Vapor baths have been used to eliminate poison from the human system from time when the memory of man knows not to the contrary, and since the cases are desperate and the two remedies simple and convenient, would it not be desirable to try them widely and thoroughly? Respectfully,

J. M. WORTHINGTON, M. D.

Medical Progress.

RECENT PROGRESS IN DERMATOLOGY

By T. C. Gilchrist,
M. R. C. S. (ENG.), L. S. A. (LOND. ENG.),
Associate in Dermatology, Johns Hopkins University, Clinical Professor of Dermatology at the Baltimore Medical College and at the Womans' Medical College of Baltimore.

SYPHILITIC REINFECTION.

IN the *Journal of Cutaneous and Genito-Urinary Diseases*, Vol. xiv, No. 167, an interesting case of reinfection of syphilis is recorded by Dr. H. P. Collings. The patient was a man, twenty-eight years of age, who appears to have had syphilis eight years previously, with the usual symptoms of chancre followed by the macular eruption, alopecia and mucous patches in the mouth. He was treated for a period extending over two years.

Six years later the patient presented himself to Dr. Collings with another chancre, twenty-eight days after exposure, the scar of the first chancre still being visible. Six weeks after mucous

patches appeared around the anus, which was later followed by an eruption on the scalp. Mucous patches then formed in the mouth and cutaneous lesions broke out in the right buttock and left calf.

Collins believes this case to be a true example of reinfection of syphilis.

INTRA-UTERINE INFECTION FROM SYPHILIS.

Dr. Abner Post of Boston, in a paper on "Post-conceptional syphilis" read before the American Association of Genito-Urinary Surgeons (abstract in the *Journal of Cutaneous and Genito-Urinary Diseases*) remarked that opinions were divided regarding the existence of the possibility of intra-uterine infection of syphilis. He said that those who are against this view support their argument from the fact that there is no direct interchange of blood corpuscles from mother to fetus and that the contagion of syphilis is carried only by the blood corpuscles and not by the serum. But Dr. Post observes that the problem of infection of the fetus during intra-uterine life simplifies itself into the question whether pathogenic microbes may be transferred from the mother to the fetus or not. Recent investigations have shown that certain micro-organisms, *e. g.*, of pneumonia, of typhoid fever and also the bacterium coli commune, can pass the placenta and infect the fetus, and Dr. Post therefore infers that intra-uterine infection is not impossible in syphilis.

In order to prove that the mother has acquired syphilis, Post refers to the propositions laid down in Taylor's recent edition of his work, which are :

1. It must be shown that the father was free from syphilis at the time of conception.

2. The infection of the mother during pregnancy and her freedom from the disease must be proved beyond a doubt.

3. The child must have unmistakable lesions acquired without doubt before birth.

Dr. Post then reported a case which he regarded as one of post-conceptional syphilis. The following facts were observed by two physicians; the previous good health of the mother was known ; the primary sore was seen during the seventh month of pregnancy ; the secondary eruption occurred two months later ; the child was born apparently healthy, but a perfectly characteristic eruption and accompanying snuffles showed itself at the end of a week ; the father confessed that he had acquired the disease outside of marital relations and transmitted it to his wife.

In the discussion which followed, Dr. Taylor remarked that since it was admitted that syphilis was due to a microbe which resides in the red blood corpuscles and is prevented from coming in contact with the fetus of the placenta, there is nothing to prevent the constant interchange of serum between mother and fetus and this carries with it the toxines of the disease.

Dr. P. A. Morrow did not uphold the view, which he considered rested on insufficient evidence, that the placenta acts as an absolute filter preventing contact of the syphilitic virus with the fetus. He also believed that almost all authorities recognized that the mother may receive infection from a syphilitic fetus. The theory that if the mother acquired syphilis after the sixth month, the product of conception was not liable to become infected, appears to have been somewhat changed according to results of more recent observations, since cases where the mother has contracted syphilis as late as the seventh or eighth month of pregnancy have been recorded.

Dr. White thought that one reason which may account for the rarity of post-conceptional syphilis was probably because the child under these circumstances underwent a species of vaccination, producing an immunity similar to that observed in the mother.

DIET IN SKIN DISEASE.

In a valuable paper read before the last meeting of the American Dermatological Association by Dr. J. C. White of Boston (abstract in the *Journal of Cutaneous and Genito-Urinary Diseases*), he discussed the effect of diet and alcohol upon the causation of and course of the eczematous affections and psoriasis. The disturbance produced by certain articles of food are both direct and indirect, the former being mostly fugitive

in character, *e. g.*, forms of erythema and urticaria, with or without apparent concomitant gastric disturbance, and the latter being produced by the impairment of general nutrition, through a too restricted selection or improper or badly prepared articles of food or those containing toxic properties. Overeating and dieting are both factors of such indirect disturbances.

He also remarked that there are many fallacies about specific articles; the more fixed and positive the belief about them, the more unfounded are they, as a rule. Dr. White then discussed the influence of diet on the causation of eczema.

1. In as far as inference could be drawn from rational dietaries. He here referred to Walter Smith's article on this subject, who says that the consumption of meat in England is 136 pounds per annum per head; in France it is only 46 pounds; whereas in certain nomadic tribes the diet is largely animal but in certain great sects it is largely vegetarian, while in many maritime nations it consists chiefly of fish, yet as far as is at present known, there is no difference in the prevalence or course of eczema among such nations.

2. With regard to the inference from individuals he said that men eat far more meat than women and children, yet eczema is the same in its prevalence and course in these cases and that even under the simplest and most uniform diet, as occurs in infancy, there is most liability and obstinacy of the disease.

3. With reference to the therapeutic test Dr. White observed that this was rarely, if ever, properly applied. Under his experience certain acid fruits easily provoked and often aggravated eczema and he tabooes articles which excite the nervous system and thus aggravate pruritus. He distinctly denied the efficacy of systems of diets devised for prevention or cure of such real or imaginary conditions.

Lastly and fourthly, in discussing the influence of alcohol he said that whole nations use far more than others, yet eczema was not more frequent than the former. In childhood also and in many individuals total abstinence is observed and men took, as a rule, much more than women, yet there has not been any demonstration that the prevalence of eczema is affected by such extreme variations.

Dr. White, therefore, concludes that alcohol is not an important factor in the causation of eczema, but it has both a direct and indirect influence upon the course of the disease by setting up a specific dermatitis and of aggravating any existing one.

In the discussion which followed, Dr. Fordyce remarked that in infancy the tendency to eczema was largely due to delicacy of the skin at that period of life.

Dr. Jackson observed that as a general rule the more simple the diet could be made the sooner would the patient get well.

Dr. Duhring said that there was a vast difference between food as a cause of disease and food as an injurious factor in disease. He questions very much whether food could be regarded as a cause of eczema, except in rare cases, but it had often direct injurious influences upon the disease. With reference to alcohol it was highly injurious in many instances of eczema.

Both Dr. Dyer and Morrow thought that the eczema of infancy was often due to faulty diet or malassimilation. The food was either deficient in quantity or wanting in the proper elements of nutrition. The eczema was found to be markedly improved by correcting these faulty conditions.

Dr. Robinson, the President, said that the eczema of children could be divided into two classes, toxic and parasitic. In forms of indigestion, particularly stomach and small intestine fermentative dyspepsias, certain toxines are found. In his experience the sugars had been found to be particularly injurious and that was a common experience in children who were given cheap candy to eat. He concluded his remarks by saying that when inflammation had once arisen the diet must be considered an important factor in the management of the case.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

DATE OF PAYMENT.—The date following the subscriber's name on the label shows the time to which payment has been made. Subscribers are earnestly requested to avoid arrearages.

CHANGES OF ADDRESS.—When a change of address is ordered, both the old and new address must be given. Notice should be sent a week in advance of the change desired.

TO CORRESPONDENTS.—Original articles are solicited from members of the profession throughout the world. Reprints will be furnished in payment of accepted articles if the author's wish is so stated at the time.

CORRESPONDENCE upon subjects of general or special interest, prompt intelligence of local matters of interest to the profession, items of news, etc., are respectfully solicited. Marked copies of other publications sent us should bear the notice "marked copy" on wrapper.

MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, JANUARY 23, 1897.

Malt Extracts.

VERY recently the result of the investigations of Dr. Charles Harrington as to the value of the various lithia waters was published in these columns. Since that time Dr. Harrington has reported in the *Boston Medical and Surgical Journal* what he considers to be hygienic, therapeutic, dietetic and economic facts concerning extracts of malt.

Malt extracts were according to him thick, honey-like substances extracted from malted barley at a temperature not exceeding 131°F., and brought to the proper consistence by concentration in vacuum pans, and they were supposed to be a powerful converter of starch. These were prescribed by the physician in small quantities and dispensed by the druggist. Their popularity and the benefits derived from their use has resulted in the manufacture of numerous liquid preparations which flood the market and which are not only prescribed by the physician and dispensed by the druggist but are bought outright by the patient from the druggist and even from the grocer; and great singers, actors, professional beauties, strong men, oriental statemen and many others are made to attribute their success to the use of this or that malt extract. These liquid preparations differ from the others in not being thick and syrupy and in being taken by the glassful and in containing alcohol.

Dr. Harrington has gleaned and deduced these facts from observation, but in order to still further carry out his work of investigation he bought in the open market twenty-one different brands of malt extract and examined them as to their composition, their diastasic power and their effects. They seem to be recommended for a great variety of troubles but most of them agree in being beneficial to nursing mothers. Nearly all are to be given in wineglassful doses, or even larger, before or after meals and on retiring. One claims to be a substitute for alcoholic drinks and itself contains more alcohol than ordinary beer.

Dr. Harrington, in analyzing the various lithia waters, refrained from calling the springs by name probably because there are comparatively few springs that claim to put out lithia water in its natural state, but in discussing these twenty-one malt extracts he boldly names them all and gives the analysis of each one. A careful reading of his article does not show any ill will towards the manufacturer of these products and he seems to have been fair in his work. There will doubtless be some replies refuting arguments and the whole discussion will probably be for the good of the physician and his patients.

Struck, as most persons are, with the resemblance of the malt extracts to ordinary beer, porter and ale, Dr. Harrington also analyzed a variety of these liquids and on comparison he found that nine of the malt extracts contained more alcohol than the weaker of the beers and six contained more alcohol than the stronger beers, four more than the ale and two even more alcohol than the porter. In every single one of the twenty-one samples, which include about all the malt extracts on the market, there was complete absence of diastase. Salicylic acid was present in many samples and most notably in one preparation said to be made in Germany, where heavy penalties are attached for the addition of salicylic acid except to those intended for export.

From a moral standpoint, if for no other reason, the dangers of using preparations containing alcohol which claim to be free from it are evident and drinking is encouraged and persons who would touch no liquor in any form innocently partake of these preparations with the idea that they are without alcohol.

Dr. Harrington says if diastase does act in the alimentary canal on the food, then these preparations which claim to contain this substance and do not, are useless, and if diastase is of no use at all, then these malt extracts are no better than the beers, porters and ales and are much more costly, as a comparison of their cost and bottle capacity will show.

Of course in this examination, which seems to have been made conscientiously, no reflection is cast on malt extracts which contain no alcohol and are rich in diastase or which contain even a small amount of alcohol provided it is freely acknowledged on the label. As a fact, it is hardly likely that any malt extract would keep without a small amount of alcohol present. If Dr. Harrington's work arouses a discussion and brings out the true value of the malt extracts it will have accomplished much good. His work sounds sincere and carries with it conviction.

* * *

Abused Members.

The abuse of the body is one of the most prolific sources of the physician's income. Accidents will still continue to happen and disease will still find its way to the most careful, but carelessness and ignorance are the great factors in promoting ill health. Indeed, there are many harmful occupations, many fatal trades and many injurious customs which familiarity has robbed of their terrors. The two especial members which are treated very badly by some persons are the feet and the eyes.

The feet are almost invariably cramped into shoes long enough, but too narrow and too pointed, so that the foot is driven forward and the toes fold one over the other and the nails grow in until torture at times is the result. If custom would allow the wearer to select his own foot covering according to his own comfort he would pick out a long, broad shoe which gave the toes room to spread out and move.

Veils may have their advantage in protecting the face against cold and the hair against the wind, but the average veil is an abomination and not fit to be worn. Not only are the dots very injurious, but the meshes may be too fine. A physician once said that every dot on a woman's veil represented a fee in an oculist's pocket. Whether this be true or not, it is known that every dot on a veil coming before the eye causes a great strain and tires the muscles. Of course there are eyes that can stand the average strain and distant vision through this unnatural obstacle, but too many women have headaches and blurred vision from wearing veils, especially veils with obstructions on them.

If physicians have an especial work to do it is so to give advice that its worth will be felt. As long as it is the fashion to wear veils although injurious, foolish women will wear them even though realizing the harm they do, and as long as pointed and narrow shoes are the mode and make the feet look small just so long will such shoes be worn. Physicians have a duty to perform in giving advice and putting down, whenever opportunity offers, the abuse of these poor maligned members.

* * *

The Feces.

In this issue Dr. Simon continues his articles on laboratory methods in making diagnoses and gives some simple and clear directions for examining the feces. This is one of the most difficult examinations to make because of the difficulty of obtaining proper specimens and the natural objections to making such examinations.

The amoeba coli is so important in dysentery and its complications that in all doubtful cases the feces should be taken to the laboratory or to the office and a specimen put under the microscope, as described by Dr. Simon. Many a long siege of amoebic dysentery, perhaps leading to liver abscess, has been allowed to run on when a simple diagnostic test with a high power of the microscope would have straightened out matters at once and would have led to rational treatment.

The modern physician cannot honestly treat his cases without the most modern tools and he who makes a slovenly diagnosis on the plea of inability to use the microscope or to understand modern methods, will sooner or later be found out and rated where he belongs. A snap diagnosis may sometimes hit but most often it does not and failure is the result.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 16, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		33
Phthisis Pulmonalis		27
Measles	2	
Whooping Cough	6	
Pseudo-membranous Croup and Diphtheria.	37	12
Mumps	9	
Scarlet fever	35	2
Varioloid		
Varicella	3	
Typhoid fever	8	2

Smallpox is almost epidemic in Cuba.

Pennsylvania is to have a hospital for consumptives in the country.

There are 2811 students at the University of Pennsylvania, 968 of whom are in the medical department.

At the last meeting of the State Board of Health, Dr. S. C. de Krafft of Cambridge was elected President.

A dispatch from Montevideo reports that Giuseppe Sanarelli has discovered the microorganism of yellow fever.

Dr. Thomas H. Buckler has removed his office from 101 East Preston Street to 1301 Park Avenue, Baltimore.

Dr. J. N. Upshur of Richmond has been elected President of the Richmond Academy of Medicine and Surgery.

The Health Conference of the State and County Health Officers will be held on February 15 at the Faculty Hall.

At the recent annual meeting of the New York Academy of Medicine, Dr. Edward G. Janeway was elected President.

Dr. J. Taber Johnson of Washington has opened a maternity department in connection with his sanatorium, to which physicians may send obstetrical cases and still retain them under their charge.

The bubonic plague has spread with great rapidity in India and careful quarantine is kept up against its invasion into England.

Dr. Colby Cowherd, Gardenville, is dead. He was 69 years old and during the war was surgeon of the Thirteenth Virginia Regiment.

Dr. J. D. Iglehart has been commissioned assistant surgeon, with the rank of captain, for the Fifth Regiment, National Guard, in the place of Dr. Frank West, who resigned some time ago on account of ill-health.

The death is announced of Dr. Ellen C. Leggett of Flushing, Long Island. Dr. Leggett was 60 years old and was graduated from the Woman's Medical College of New York in 1873. She had an office in New York City.

Mr. J. Pierpont Morgan, the wealthy New York banker, has offered to erect a new building for the New York Lying-in Hospital at a cost of $1,000,000, on condition that funds to carry on the work be raised. The board accepted his gift.

At the next meeting of the Medical Society of the Woman's Medical College, to be held at the College building, February 22, Dr. G. Milton Linthicum will read a paper on the "Treatment of Tuberculosis," the discussion to be opened by Dr. William B. Canfield.

Dr. Howard A. Kelly has finished his treatise on gynecology, on which he has been at work for several years past. Several other Baltimore physicians are said to be preparing books for the press. Among them are mentioned Drs. Ashby, Earle, John N. Mackenzie, Flexner, Barker and others.

Dr. Edward Kershner, formerly medical inspector in the United States navy, has been appointed by the commissioners of charities as chief of the medical staff of the Randall's Island Hospital. Since severing his connection with the navy Dr. Kershner has been Professor of Hygiene in the Post-Graduate School of this city.

The American Surgical Association have contributed a fund for the statue of the late Dr. Samuel D. Gross, which has just been cast in Paris. The statue will stand in the Smithsonian Grounds, near the Army Medical Museum at Washington, on a pedestal for which Congress gives $1500. The unveiling of the statue will take place in May.

Book Reviews.

TWO HEALTH-SEEKERS IN SOUTHERN CALIFORNIA. By Wm. A. Edwards, M. D., and Beatrice Harraden. J. B. Lippincott Co., Philadelphia. 1897. 144 pp. $1.00.

These authors have done the health-seeking public a good service by telling the whole and sober truth about a land and climate of so varied and perplexing features as California exhibits. "One traveler reports it to be all sunshine and flowers, another all fog and cold. Some complain of the dry desert winds, with their exciting electrical conditions, while others dwell upon the excessive humidity; when the probable truth is that the critic has not selected the proper environment and has passed by what he is seeking, which is, no doubt, within a few short miles."

Perhaps the best endorsement the reviewer can give this little book is the statement that he was utterly bewildered in his own experience for want of just such plain-spoken information and guidance as is here obtainable. California contains every variety of climate existing sociably side by side within easy driving distance or a day's horseback journey. It is worthless advice to order a patient there without definite suggestion as to locating either on the sea coast, in the valleys, or on the mountain ranges; and the peculiarities of an arid belt should also be understood in advance to prevent disappointment.

"The simple truth about California of the south is quite good enough. It is a fact that here is to be found the best yearly climate in the world." This book neither exaggerates its charms nor passes over its drawbacks.

THE *American Medico-Surgical Bulletin* of New York, published by Merck & Company, appears now on the 10th and 25th of each month. The form is smaller and the volume thicker, the type remaining the same. The hard times have compelled this change. The price is $1.00 a year. Dr. R. G. Eccles, a graduate pharmacist and physician of Brooklyn, is the editor.

THE *Electro-Therapeutist* is a monthly journal of small size, published at Indianapolis under the editorship of Dr. Wm. L. Howe, M. D., Ph. D., and under the auspices of the National College of Electro-Therapeutics.

Current Editorial Comment.

TITLES OF ARTICLES.

Pediatrics.

WRITERS ought to be more careful in the selection of the titles of their articles. No one can read everything, hence the title, even if it do not tell the whole tale, at least should not be misleading.

HOLIDAYS.

Lancet.

MANY men know well what it is, after twelve months of continuous mental work, to feel brain-fagged, though physically quite well. Under such conditions work becomes drudgery and duties that should be light and pleasurable become burdensome. A person in such a case does not need rest in bed or a sea voyage, but some form of agreeable and diversified travel, either amid attractive scenery or places of antiquarian or historic interest. Under such circumstances the cultivation of some hobby is most helpful—such, for example, as the study of some painter's works or the investigation of some special type or period of architecture. To many of the more active and inquiring mind it is indispensable that a holiday should have some motive and purpose or else it will certainly fail of its desired object.

THE DOCTOR'S MISTAKE.

Medical Record.

IN all our relations with our patients, it is the safer and better rule to be more than cautious in our temptations to think aloud in their presence. A discreet general guards his line of possible retreat with as much care as that of attack, concluding that while it is quite bad enough to be defeated, it is still worse to be hopelessly bagged by the enemy. The older practitioner need not be told that the practice of his art is constantly beset by startling surprises. Patients not only get well who should die, but many die without ostensible scientific reasons. To reconcile these constantly recurring experiences makes him an ever-ready trimmer to circumstances and an adept diplomatist with shifting fortune. While apparently knowing everything, he finds it eminently fitting his actual position to know little and say less. The loophole of expediency is as essential to him as are his advice and prescription to his patient. He learns to be astonished at nothing and always on the lookout for the unexpected.

Publishers' Department.

Convention Calendar.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets 2d and 4th Wednesdays, 8 P. M.

CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. S. K. MERRICK, M. D., President. H. O. REIK, M. D., Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. WILMER BRINTON, M. D., President. W. W. RUSSELL, M. D., Secretary.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. W. S. GARDNER, M. D., President. CHAS. F. BLAKE, M. D., Corresponding Secretary.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. Meets 2d Mondays of each month at 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. HENRY B. DEALE, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. H. HOLDEN, M. D., Recording Secretary.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 2d Monday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. S. S. ADAMS, M. D., Recording Secretary.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. M. H. ANDERSON, 1st Vice-President. MRS. MARY F. CASE, Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

THE TREATMENT OF BEDSORES.—The occurrence of bedsores in bedridden patients, as for instance in the course of typhoid fever, during the treatment of certain fractures, or in paralytic subjects, is an event dreaded alike by physician and patient. As most of these ulcerations occur in old persons whose vitality is more or less reduced, it is easy to understand why these cases are so obstinate in yielding to treatment. Aside from scrupulous cleanliness, massage, removal of all pressure from the affected parts by suitable appliances, much can be done to secure the healing of the sore by topical applications of cicatrizing remedies. Although there is a host of agents of this kind, a selection can be readily made since there is none that can compare in efficiency, freedom from irritating and poisonous properties, and agreeableness and convenience of employment with Aristol.

This substance when applied to a sluggish, ulcerative surface, causes granulations to spring up with great rapidity while the discharge becomes less and loses its disagreeable odor. Owing to the lightness and bulkiness of the powder, a small quantity will suffice for a large surface, or Aristol may be employed in the form of an ointment. For bedsores occurring in the course of typhoid fever, Dr. C. Skinner of New Haven, Conn., employs the following treatment: They should be washed twice daily, with three per cent. carbolic acid solution, dusted with an antiseptic powder (Aristol is to be preferred) and a generous pad of absorbent cotton applied over the whole. By changing the position frequently so as to remove pressure from the affected parts, this treatment will usually be sufficient. If it is not, an air cushion will prove very serviceable. This same treatment will prove equally serviceable in cases of bedsores developing in aged persons suffering from fractures of the lower extremities.

Of course in conditions which confine the patient to bed for a long time everything should be done to prevent the formation of these ulcers by baths followed by an alcohol rub, and by gentle massage and sometimes electricity.

DIURETIN=KNOLL.

A TRUE DIURETIC.

DIURETIN is a pure diuretic, and acts by stimulation of the renal cells and rena parenchyma, increasing the flow of urine even in those cases in which the heart muscle no longer responds to the usual cardiac remedies.

DIURETIN is indicated in all cases of dropsy arising from cardiac or renal affections.

It possesses *no toxic properties*, and can be administered in large doses for a long period without fear of consequences, or acquirement of a habit.

It is frequently very active even where digitalis, strophanthus, etc., have failed.

The most excellent results are obtained in *cardiac hydrops*, but in *chronic nephritis* also the action of **DIURETIN** is in most cases superior to that of all other diuretics.

DIURETIN-KNOLL is a white powder clearly and readily soluble in distilled water, forming a permanent solution.

The best mode of dispensing it is in a mixture or in capsules, in doses of from 10 to 15 grains.

Sample and Literature free, on application to

McKESSON & ROBBINS, New York.

TYREE'S

What such an authority upon Bacteriology as this says must be true—absolutely true—or he wouldn't say it. If the Staphylococci (the germ that produces Leucorrhea) and Gonococci (the germ that produces Gonorrhea) were killed in this case with

War Dept., Surg. Gen'l's Off., Washington, D.C., Jan. 3, '90.
This is to certify that the exact Antiseptic strength of "Tyree's Pulv. Antiseptic Comp." is one part of the powder to fifty of water (1 50). Test tubes containing peptonized beef broth were charged with the powder (Tyree's Antiseptic Powder). The solutions were then inoculated with the Anthrax Bacillus and with the Staphylococci of Pus, and the tubes placed in the incubator for 48 hours, at a temperature of 39° C. On removing the tubes from the incubator, it was found that in the solutions of one in ten, to one in fifty, there was no development of bacteria.
W. M. GRAY, M.D.,
Microscopist to Army Medical Museum.

ANTISEPTIC POWDER

it stands to reason that it will kill them in the vulvovaginal and urethral glands. It does more than this; it brings the parts up to their normal conditions, relieves inflammation and cleans out the little dirty, diseased sacks and renders the parts less susceptible to infection. It is not an antiseptic for everything, but a distinct one for

LEUCORRHEA

Gonorrhea, Vaginitis and Pruritis. One or two teaspoonfuls to a pint of water three times a day.
½ lb., by mail, with directions and formula, for 75c.
Money back if not satisfactory.
J. S. TYREE, Chemist, WASHINGTON, D. C.

ELIXIR SIX BROMIDES

This Elixir is prepared from Chemically Pure Salts. FORMULA: Each fluid drachm contains: Bromide Potassium 5 grains, Bromide Sodium 5 grains, Bromide Ammonium 3 grains, Bromide Calcium 1½ grains, Bromide Lithium ½ grain, Bromide Iron ½ grain, with CAN. IND. and ARÔM.

MEDICAL PROPERTIES.—The preparation is entitled to rank as one of the most valuable therapeutical agents in *quieting non-inflammatory excitement* of the *Reflex Centers* of the *Cord*, of the *Peripheral Afferent Nerves*, of the *Genital Function* and of the *Cerebrum*. It is particularly valuable in *Epilepsy*, nearly always effecting a permanent cure where the cause is idiopathic, and the patient follows up the treatment closely. In many forms of *Puerperal, Infantile*, and *Hysterical Convulsions*, the most happy results follow its use. The ELIXIR SIX BROMIDES cannot be overrated in relieving *Nervous Headache Sleeplessness, Neurasthenia, General Nervous Irritation*, and the various *Functional Disorders*. As a direct means of *diminishing* the *frequency* of Seminal Emissions it is of great service. We claim that the ELIXIR SIX BROMIDES is much LESS DEPRESSANT to the CIRCULATION than if a lesser number of the Bromides were administered; also the Iron it contains gives it the great advantage of not being FOLLOWED—even if its use is LONG CONTINUED—by the SEVERE Anæmia that so often follows the use of the Bromides given alone. Physicians when prescribing will please write: Bromidi Elix. Sex.—One bottle, (WALKER-G'S.) Druggist will write directions on his own label. Attention is alsocalled to our ELIXIR SIX IODIDES, ELIXIR SIX HYPOPHOSPHITES, ELIXIR SIX APERIENS, which are unexcelled for clinical efficiency and palatability.

A liberal discount will be allowed Physicians who desire to prove their clinical efficiency. Wholesale price per dozen: Iodides, $8.00; Hypophosphites, $8.00; Bromides, $8.00; Aperiens, $8.00.

SEND FOR DESCRIPTIVE CIRCULAR.

These Elixirs are kept in stock by Wholesale Druggists generally throughout the United States.

The Walker-Green Pharmaceutical Co.
(INCORPORATED.)
Head Office, 180 W. Regent St., Glasgow, Scotland.
WESTERN DEPOT, U. S. A.,
17 W. Fifth St., Kansas City, Mo.

PROGRESS IN MEDICAL SCIENCE.

THE PHOSPHOGLYCERATES. — The very prominent position which Phosphoglycerate of Lime and its preparations now hold in therapeutics and its undoubted value as a nerve tonic in the treatment of neurasthenia, warrant physicians prescribing the pure therapeutically active drug only. In 1844 Pelouse first prepared Phosphoglycerate acid by heating glycerine at 100° C. with anhydrous phosphoric acid, and in 1856, Gobley found the same acid in the yolk of egg. This salt is now made by digesting glycerine at 28° for six days at a temperature of a 110° C. with phosphoric acid 60 per cent. The mixture allowed to cool on the seventh day, leaves a glassy transparent mass, which is then saturated with the milk of carbonate of lime. The whole is then filtered and the clear liquid exactly neutralized with lime and again filtered and precipitated by alcohol at 90°. The precipitate is drained as dry as possible and dissolved in cold water, filtered and evaporated at a very low temperature. Various modifications of this general mode of manufacture have been proposed, but the phosphoglycerate of lime prepared by Chapoteaut process (late assistant to Pelouse) is the one generally used in dispensing. It is important, in prescribing phosphoglycerate of lime, to insist on a chemically pure and fresh preparation, as there are numerous adulterations, especially as the phosphoglycerates have always a tendency to decompose, however well prepared. Capsules of four grains each are the best form for internal administration as the salt is then preserved from the action of the air. Hypodermic injections should alway be freshly prepared, as recommended by Professor Albert Robin.

BLENNOSTASINE, a new remedy for colds, influenza, hay fever, la grippe, etc.—This new compound is one of the most valuable products yet discovered for the treatmet of affections characterized by catarrhal super-secretion. In the treatment of "colds," Blennostasine is particularly effective, and far superior to quinine and similar compounds. A dose of four or five grains given every hour will "break up" a severe cold in twenty-four hours, arresting speedily the sneezing and mucous discharge. For preventing accumulations of mucus in the bronchial tubes at night, Blennostasine may be given in doses of five grains at bedtime. The drying or blennostatic effect of this drug is most remarkable, and renders it of great value in the treatment of hay fever. If given frequently the symptoms are promptly relieved, and though recurrence may take place the next year, the usual attack may be averted if treatment is begun early. The contractile effect on the vaso-motor system of the upper respiratory tract is at least as marked as that produced by belladonna, atropine and other compounds, whilst Blennostasine possesses the additional advantage of being absolutely non-toxic. It forms a perfect substitute for belladonna, etc., in hay fever, acute influenza, rhinitis, intermittent rhinorrhea, laryngorrhea and bronchorrhea. Blennostasine, although somewhat analogous to quinine, is without many of its unpleasant qualities. The drying or blennostatic effect of this remedy has suggested the name, which is more convenient than the chemical designation. Blennostasine is a crystaline solid, very soluble in water, and of a bitter taste. Owing to the latter fact, it is best administered in the form of gelatine-coated pills.

PARIS, December 9, 1896.

GEORGE W. COX, M. D., 2258 Wabash Avenue, Chicago, Ill.:

Dear Sir: — Replying to your letter of November 19, I have to say that the Pasteur Institute of Paris occupies the very highest position and seems to have the confidence of the medical fraternity of Europe and of the general public. I am personally assured by Dr. Roux, who succeeded the late Dr. Pasteur as head of this Institute, that none of the "Pasteur Institutes" in America have any connection with it. He says that in most cases the preparations used or sold by these Pasteur Institutes are made by them and do not come from the Institute in Paris. The preparations made here are regularly furnished to the Pasteur Vaccine Company, whose office is at No. 56 Fifth Avenue, Chicago. I am assured by Dr. Roux that this company is entirely reliable, and that its representatives are worthy of confidence.

Yours very truly,

(Signed) SAMUEL E. MORSE,

Consul General of the United States of America.

36 Avenue de 'Opera.

The First Step

in the treatment of Diphtheria should be the administration of

ANTITOXIN

It "should be administered as early as possible on a clinical diagnosis, not waiting for a bacteriological culture," says the

Report of the American Pedriatic Society

The society also recommends "the most concentrated strength of an absolutely reliable preparation."

Mulford's Antitoxin

as stated in the report of the Bacteriologists of the Pennsylvania and Massachusetts State Boards of Health, meets all requirements.

"STANDARD" 100 Units to each cc.	No. 1—500 Units (5 cc.) No. 2—1000 Units (10 cc.) No. 3-2000 Units (20 cc.)	$1.00 1.75 3.25
"POTENT" 250 Units to each cc.	No 1—500 Units (2 cc.) No. 2-1000 Units (4 cc.) No. 3-2000 Units (8 cc.)	$1.25 2.25 4.00
"EXTRA-POTENT" 500 Units to each cc.	No. 1—500 Units (1 cc.) No. 2—1000 Units (2 cc.) No. 3-2000 Units (4 cc.)	$1.50 2.75 5.00
		Metal Case
Improved Antitoxin Syringe,	No. 1, 10 cc.	$3.00
" " "	No. 2, 5 cc.	3.00

Proper Dosage, 1000 Units in Ordinary Cases

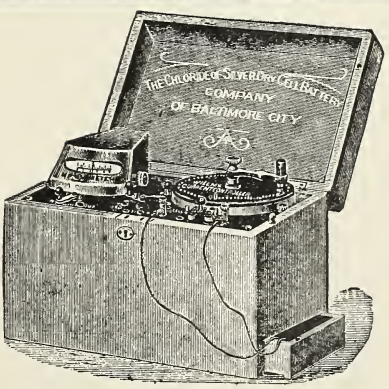
H. K. MULFORD COMPANY
PHILADELPHIA

Chicago: 112 and 114 Dearborn St.

Most Recent Brochure on Antitoxin Treatment Sent Free if You Mention this Journal.

THE CHLORIDE OF SILVER DRY CELL BATTERIES.

STAND UNEQUALLED AND ALONE IN THEIR FIELD.



THE ONLY REAL PORTABLE CONSTANT BATTERY. ALWAYS READY.

Send 4c. in stamps (actual cost of mailing) for our new Illustrated Catalogue, 7th Edition.

THE CHLORIDE OF SILVER DRY CELL BATTERY CO.,
BALTIMORE, MD.

CHIONIA

THE HEPATIC STIMULANT

INDICATED IN

Diseases Caused by Hepatic Torpor.

Does not purge, per se, but under its use the Liver and Bowels gradually resume their normal functions.

DOSE—ONE TO TWO FLUID DRACHMS, THREE TIMES A DAY.

PEACOCK'S BROMIDES

THE STANDARD SEDATIVE

INDICATED IN

Congestive, Convulsive and Reflex Neuroses.

Absolutely uniform in purity and therapeutic power, produces clinical results which can not be obtained from the use of commercial bromide substitutes.

DOSE—ONE TO TWO FLUID DRACHMS IN WATER, THREE TIMES PER DAY.

PEACOCK CHEMICAL COMPANY, St. Louis, Mo.

—AND—

36 BASINGHALL ST., LONDON, ENGLAND.

SENG

FOR

INDIGESTION, MALNUTRITION, PHTHISIS,

AND ALL WASTING DISEASES.

DOSE—One or more teaspoonfuls three times a day. For babies, ten to fifteen drops during each feeding.

CACTINA PILLETS

FOR ABNORMAL HEART ACTION.

DOSE—One Pillet every hour, or less often as indicated.

SULTAN DRUG CO., St. Louis and London.

COCAINE
C.P. ANHYDROUS CRYSTALS.
STANDARD OF PURITY THE WORLD OVER.

MURIATE
BOEHRINGER-B.&S.
DISPENSED BY ALL DRUGGISTS.

WHEELER'S TISSUE PHOSPHATES.

Wheeler's Compound Elixir of Phosphates and Calisaya. A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, in the form of a Glycerite acceptable to the most irritable conditions of the stomach; Bone Calcium Phosphate $Ca_2 2PO_4$, Sodium Phosphate Na_2HPO_4, Ferrous Phosphate $Fe_3 2PO_4$ Trihydrogen Phosphate H_3PO_4, and the active principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habit, Gestation and Lactation to promote Development, etc., and as a physiological restorative in Sexual Debility and all used-up conditions of the Nervous System should receive the careful attention of good therapeutists.

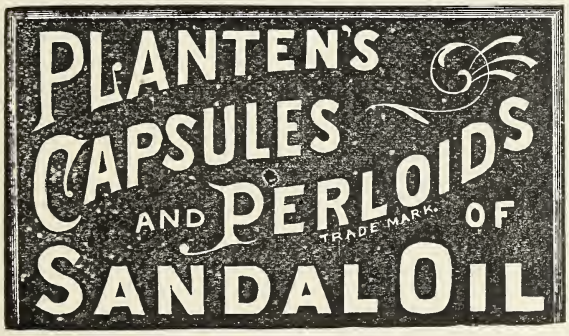
Notable Properties: As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of Benefit in Consumption and all Wasting Diseases, "by determining the perfect digestion and assimilation of food." When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best "general utility compound" for Tonic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system. Phosphates being a natural food product, no substitute will do their work in the system.

DOSE—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, P. Q.

To prevent substitution, put up in pound bottles only and sold by all Druggists, at One Dollar.

☞Read the pamphlet on this subject sent you.



CAPSULES

10 MINIMS CAPACITY.			PER DOZ.
List No. 53A	12 in Box,	. . .	$2.25
" 53	24 "	. . .	4.25
" 54	36 "	. . .	6.25

"PERLODIS," or Pearl-Shaped Capsules, 5 Minims Capacity.

Cheaper and better than the imported "Perles."

			PER DOZ.
List No. 421A	40 in vial,	. . .	$4.75
" 421B	80 "	. . .	9.00

A Trial Bottle or Dozen sent prepaid on receipt of list price.

H. PLANTEN & SON,
Manufacturers of Filled and Empty Gelatine Capsules,
(ESTABLISHED 1836.) **NEW YORK.**

Western Pennsylvania Medical College.

PITTSBURGH, PA.

MEDICAL DEPARTMENT OF THE WESTERN UNIVERSITY OF PENNSYLVANIA.

Sessions 1896-1897.

The REGULAR SESSION begins on third Tuesday of September, 1896, and continues six months. During this session, in addition to four Didactic Lectures, two or three hours are daily allotted to Clinical Instruction. Attendance upon four regular courses of Lectures is requisite for graduation. A four years' graded course is provided. The SPRING SESSION embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects; this session begins the second Tuesday in April, 1897, and continues ten weeks.

The laboratories are open during the collegiate year for instruction in chemistry, microscopy, practical demonstrations in medical and surgical pathology, and lessons in normal histology. Special importance attaches to "the superior clinical advantages possessed by this College." For particulars, see annual announcement and catalogue, for which address the Secretary of the Faculty, **PROF. T. M. T. McKENNAN, 810 Penn Ave., Pittsburgh, Pa.** Business correspondence should be addressed to **PROF. W. J. ASDALE, 5523 Ellsworth Ave., Pittsburgh, Pa.**

UNIVERSITY OF MARYLAND

SCHOOL OF MEDICINE

BERNARD CARTER, ESQ., PROVOST.

N. E. Cor. Lombard and Greene Streets, Baltimore, Md.

The Ninetieth Annual course of Lectures in this Institution will commence on October 1, 1896.

GEORGE W. MILTENBERGER, M. D., Emeritus Professor of Obstetrics and Honorary President of the Faculty.
SAMUEL C. CHEW, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine.
WILLIAM T. HOWARD, M. D., Professor of Diseases of Women and Children, and Clinical Medicine.
JULIAN J. CHISOLM, M. D., Emeritus Professor of Eye and Ear Diseases.
FRANCIS T. MILES, M. D., Professor Physiology and Clinical Professor of Diseases of Nervous System.
L. McLANE TIFFANY, M. D., Professor of Surgery.
I. EDMONSDON ATKINSON, M. D., Professor of Therapeutics, Clinical Medicine and Dermatology.
. DORSEY COALE, Ph. D., Professor of Chemistry Rand Toxicology.
RANDOLPH WINSLOW, M. D., Professor of Anatomy and Clinical Surgery.
L. E. NEALE, M. D., Professor of Obstetrics.
C. W. MITCHELL, M. D., Professor of Materia Medica and Clinical Medicine.
JOHN N. MACKENZIE, M. D., Clinical Professor of Diseases of the Throat and Nose.
J. HOLMES SMITH, M.D., Associate Professor of Anatomy and Demonstrator of Anatomy.
C. O. MILLER, M. D., Associate Professor of Histology and Pathology.
J. MASON HUNDLEY, M. D., Associate Professor of Diseases of Women and Children.
HIRAM WOODS, Jr., M. D., Clinical Professor of Eye and Ear Diseases.
JOSEPH T. SMITH, M. D., Lecturer on Hygiene, Medical Jurisprudence and Clinical Medicine.
FERD. J. S. GORGAS, M. D., D. D. S., Professor of Principles of Dental Surgery, and Dental Mechanism.
JAMES H. HARRIS, M. D., D. D. S., Professor of Operative and Clinical Dentistry.

For Circulars and any other further information apply to
R. DORSEY COALE, PH. D., Dean, 865 Park Avenue.

DENTAL DEPARTMENT.

The success which has attended the organization of the Dental Department of the University of Maryland, as evinced by the large class in attendance on the lectures and demonstrations of the last session, is unprecedented in the history of any other dental institution. It is also an evidence of a just appreciation of the advantages which the dental department of an old and honorable university offers to the student in the acquirement of knowledge, theoretical and practical, so essential to the successful practice of dentistry. Every facility is afforded for thorough instruction in all the branches pertaining to dental science.

For further information, apply to

F. J. S. GORGAS, M. D., D. D. S.,
Dean of the Dental Department of the University of Maryland,
845 N. Eutaw St., Baltimore, Md.

UNIVERSITY HOSPITAL,

S. W. COR. LOMBARD AND GREENE STS., BALTIMORE, MD.

This Institution, most pleasantly located, the capacity and comforts of which have undergone great development to meet the increasing demands of patients, is fitted up with all modern conveniences for the successful treatment of Medical and Surgical Diseases.

Its Medical staff comprises the FACULTY OF THE UNIVERSITY, and the entire management of the Institution, being under the direct supervision of that body, the sick may rely upon enjoying the benefits of an Infirmary as well as the comforts and privacy of a home, while seeking treatment for medical diseases and undergoing surgical operations.

Especial attention is called to the Lying-in Department of the Hospital, and the thorough privacy given to confinements.

When persons are compelled to leave their country residences to seek professional medical assistance in Baltimore no Institution offers greater facilities than the University Hospital, which presents, amongst other great advantages, that of having three resident Physicians, appointed by the Medical Faculty, all of whom are usually, one is always, in the building to carry out the instructions of the Professors.

BOARD IN THE WARDS $5 PER WEEK, BOARD IN PRIVATE ROOMS $10 TO $15 PER WEEK.

MEDICAL STAFF OF THE HOSPITAL.

SURGEONS.

Prof. J. J. Chisolm, M. D., Prof. L. McLane Tiffany, M. D., Prof. Randolph Winslow, M. D.
Prof. J. Holmes Smith, M. D., Prof. Hiram Woods, Jr., M. D.

PHYSICIANS.

Prof. S. C. Chew, M. D., J. S. Fulton, M. D., Prof. W. T. Howard, M. D.,
Prof. I. E. Atkinson, M. D., Prof. F. T. Miles, M. D., Prof. C. W. Mitchell, M. D.

For further particulars, apply to the Medical Superintendent, ST. CLAIR SPRUILL, M. D
or R. DORSEY COALE, PH. D., Dean.

Therapeutic Suggestions

How To Treat a Cough

In an able article under the above heading in the *New York Medical Journal*, Edwin Geer, M. D., Physician in Charge of the City Hospital Dispensary; also Physician in Chief, Outdoor Department, Maryland Maternité Hospital, Baltimore, writes:—

"The object of this brief paper is not to try to teach my colleagues how to treat a cough, but simply to state how I do it, what good results I get, and to call their attention to those lighter affections of the throat and chest the principal symptom of which is an annoying cough, for which alo e we are often consulted. The patient may fear an approaching pneumonia, or be anxious because of a bad family history, or the cough may cause loss of sleep and detention from business. What snall we do for these coughs? It has been my custom for some time to treat each of the conditions after this general plan: If constipation is present, which is generally the case, I find that small doses of calomel and soda open the bowels freely, and if they do not, I follow them with a saline purgative; then I give the following:

℞ Antikamnia and Codeine Tablets, No. xxx.
Sig.: One tablet once every four hours.

"The above tablet contains four grains and three-quarters of antikamnia and a quarter of a grain of sulphate of codeine, and is given for the following reasons: The antikamnia has a marked influence over any febrile action, restores natural activity to the skin, and effectually controls any nervous element which may be in the case. The action of the codeine is equally beneficial, and in some respects enforces the action of its associate. The physiological action of codeine is known to be peculiar, in that it does not arrest secretion in the respiratory or intestinal tract, while it has marked power to control inflammation and irritation. It is not to be compared with morphine, which increases the dryness of the throat, thus often aggravating the condition, while its constipating effect is especially undesirable."

The London Lancet's Endorsement

"Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, lagrippe, etc. It is a white powder of a slight bitter taste and alkaline reaction. It is not disagreeable to take, and may be had either in powder or tablet form, the latter in five-grain size. It is described as not a preventive of, but rather as affording relief to, existent pain. It appears to exert a stimulating rather than a depressing action on the nerve centers and the system generally."

When the Pyramids Were Built

Castor Oil was an old and well-known Laxative.

Its value has *never* been disputed. Its repulsive taste is the terror of every child.

We have robbed it of this one objection.

Laxol is literally as palatable as honey. Send for a free sample and be convinced.

A. J. WHITE, 30 Reade Street, New York.

Established 1780.

Walter Baker & Co., Ltd.

DORCHESTER, MASS.,

The Oldest and Largest Manufacturers
.. of ..

PURE, HIGH GRADE

COCOAS

AND

CHOCOLATES

on this Continent.

No Chemicals are used in their manufactures.

Baron von Liebig says Cocoa Preparations of *good quality* agree with dry temperaments and convalescents; **with mothers who nurse their children;** with those whose occupations oblige them to undergo severe mental strains; with public speakers, and with all those who give to work a portion of the time needed for sleep.

Buyers should ask for and be sure that they get the genuine

Walter Baker & Co.'s

goods, made at

DORCHESTER, MASS.

Regular School of Medicine.
Co-educational.

HARVEY MEDICAL COLLEGE,

167-169-171 S. Clark St., Chicago.

Lectures 7 to 10 every week day evening. Clinics all day. Four years' graded course. Diplomas recognized by the Illinois State Board of Health. Tuition $80; if paid in advance, $65. For information, address

FRANCES DICKINSON, M. D.,
Secretary.

PRINTING

FOR PHYSICIANS

Office of MARYLAND MEDICAL JOURNAL

BELLEVUE HOSPITAL MEDICAL COLLEGE

CITY OF NEW YORK. SESSIONS 1897-98.

The REGULAR SESSION begins on Monday, September 27, 1897, and continues for twenty-six weeks Attendance on four regular courses of lectures is required for graduation. Students who have attended one full regular course of lectures at another accredited Medical College are admitted as second-year students without examination. Students are admitted to advanced standing for the second, third or fourth years, either on approved credentials from other accredited Medical Colleges or after examination on the subjects embraced in the curriculum of this College.

Graduates of other accredited Medical Colleges are admitted as fourth-year students, but must pass examinations in normal and pathological histology and pathological anatomy.

The SPRING SESSION consists of daily recitations, clinical lectures and practical exercises. This session begins March 28, 1898, and continues for twelve weeks.

The annual circular for 1897-8, giving full details of the curriculum for the four years, requirements for graduation and other information, will be published in June, 1897. Address AUSTIN FLINT, Secretary Bellevue Hospital Medical College, foot of East 26th Street, New York City.

HENRY B EGGERS, Professional Masseur.

1626 Harford Ave., NEAR NORTH AVE

Graduate of the University of Leipzig, Germany; Lecturer on Massage at the University of Vienna, Austria, and Hamburg City Hospital, Germany.

Scientific Massage Treatment, Swedish Movement. . . .

15 *Years' Hospital Experience. Lady Attendants.*

References by Permission:—T. E. Shearer, M. D. John N. Mackenzie, M.D., M. B Billingslea, M.D., Chas. G. Hill, M.D., Delano Ames, M.D., Theodore Cook, Sr., M.D., George J. Preston, M. D., W. T. Howard, M. D., James E. Dwinelle, M. D.

Patients Boarded and Treated at My Institute.

Registered at Directory for Nurses, - - - - - - Medical and Chirurgical Faculty of Md.

University of Pennsylvania

DEPARTMENT OF MEDICINE.

The 132nd ANNUAL SESSION will begin Friday October 1, 1897, at 12 M., and will end at Commencement, the second Thursday in June.

The Curriculum is graded, and attendance upon four Annual Sessions is required. College *graduates* in Arts or Science, who have pursued certain Biological studies, are admitted to advanced standing.

Practical Instruction, including laboratory work in Chemistry, Histology, Osteology, and Pathology, with Bedside Instruction in Medicine, Surgery, Gynæcology, and Obstetrics, is a part of the regular course, and without additional expense.

For catalogue and announcement, containing particulars, apply to

DR. JOHN MARSHALL, DEAN,
33th St. and Woodland Avenue, Philadelphia.

EVERY MEDICAL MAN WHO HAS ANY EXPERIENCE IN GYNECOLOGY

will, we venture to say, admit that he meets very few women who have not some trouble with their menstrual functions, whether it be Amenorrhea, Menorrhagia, Metrorrhagia, Dysmenorrhea or some other irregularity. If he believes in the old adage that "experience is the best teacher," he will send and get a pamphlet containing the opinions of the leading medical men of the world as to the value of Aletris Cordial in these disorders.

Full size bottle of ALETRIS CORDIAL, sent free to any physician who will pay express charges.

RIO CHEMICAL CO.,
ST. LOUIS, U. S. A.
16 Coleman Street,
LONDON, ENGLAND.

Practical Notes on Urinary Analysis

.....BY.....

W.B. Canfield, M.D.

The demand for Dr. Canfield's book has compelled the publication of a

2d Edition, which is Now Ready.

The author says in his Preface: "In this edition changes and additions have been made to bring the book up to modern requirements." The book is what its title indicates—*practical.* Its 100 pages are packed with information concerning the general character of the urine; its normal constituents, organic and inorganic; its abnormal constituents; sediment, organized and unorganized; the condition of the urine in simple fever, nephritis both acute and chronic, contracted and amyloid kidney, diabetes, uremia, typhoid fever, cystitis, etc.; with a full description of reagents and apparatus. The principal object of the author has been to exhibit all the various *tests for discovering urinary constituents:* these tests are described briefly, but distinctly, and illustrated where necessary. "Besides drawing largely from his own experience, the writer has unhesitatingly made use of the literature on the subject."

The book contains eighteen illustrations, and, so far as typographical work is concerned, is far ahead of the first edition. It is issued in embossed paper covers; also in cloth. The price in paper, **25 cents;** in cloth, **50 cents.** Postage prepaid.

GEO. S. DAVIS, Medical Publisher,
Box 470. - - - DETROIT, MICH.

Yours for Health

The Salt River Valley of Arizona and the various health resorts in New Mexico

are unrivaled for the cure of chronic lung and throat diseases. Pure, dry air; an equable temperature; the right altitude; constant sunshine.

Descriptive pamphlets, issued by Passenger Department of Santa Fe Route, contain such complete information relative to these regions as invalids need.

The items of altitude, temperature, humidity, hot springs, sanatoriums, cost of living, medical attendance, social advantages, etc., are concisely treated.

Physicians are respectfully asked to place this literature in the hands of patients who seek a change of climate.

Address G. T. NICHOLSON.
CHICAGO. G.P.A., A.T. & S.F.RY.

"AMERICA'S GREATEST RAILROAD."

NEW YORK CENTRAL
& HUDSON RIVER R. R.

The Four-Track Trunk Line.

Trains leave Grand Central Station, Fourth Avenue and 42nd Street, New York, center of hotel, residence and theatre district, as follows:—

For Albany, Troy, Utica, Syracuse, Rochester, Buffalo, Niagara Falls and the West, week days: 8:30, 9:30, 10:30 A. M.; 1:00, 4:30, 6:00, 7:30, 9:15 P. M. 12:10 midnight; Sundays, 9:30 A. M., 1:00, 4:30, 6:00, 7:30, 9:15 P. M.

For Saranac Lake, Lake Placid and Montreal, via Adirondack Mountains; week days, 8:30 A. M., 6:00 P. M.: Sundays, 6:00 P. M.

For Montreal, via Saratoga, Lake George, Lake Champlain and via Burlington and Green Mountains; week days, 9:30 A. M., 6:25 P. M.: Sundays, 6:25 P. M.

For the Berkshire Hills—9:06 A. M., 3:35 P. M., daily, except Sunday.

MEDICAL CONVENTIONS
1897.

Physicians and others attending the various Medical Conventions for 1896 should bear in mind that the B. & O. offers special inducements to conventions of this kind. The scenic attractions of this Route are unsurpassed in this country. All B. & O. trains between the East and West run via Washington, and sufficient time limit is given on tickets to allow stop-over at the National Capital.

For Rates and further Information, Address

CHAS. O. SCULL, General Passenger Agent,
Baltimore, Md.

Or L. S. ALLEN, A. G. P. A., Chicago, Ill.

THE IMPROVED "YALE" SURGICAL CHAIR.

☞HIGHEST AWARD WORLD'S FAIR, OCT. 4TH, 1893.

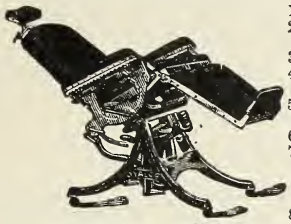


Fig. V—Semi-Reclining.

1st. Raised by foot and lowered by automatic device.—Fig. I.
2nd. Raising and lowering without revolving the upper part of the chair.—Fig. VII.
3rd. Obtaining height of 39½ inches.—Fig. VII.
4th. As strong in the highest, as when in the lowest position.—Fig. VII.
5th. Raised, lowered, tilted or rotated without disturbing patient.
6th. Heavy steel springs to balance the chair.
7th. Arm Rests not dependent on the back for support.—Fig. VII—always ready for use; pushed back when using stirrups—Fig. XVII—may be placed at and away from side of chair, forming a side table for Sim's position.—Fig. XIII.
8th. Quickest and easiest operated and most substantially secured in positions.

9th. The leg and foot rests folded out of the operator's way at any time.—Figs. XI, XV and XVII.
10th. Head Rest universal in adjustment, with a range of from 14 inches above seat to 12 inches above back of chair, furnishing a perfect support in Dorsal or Sim's position.—Figs. XIII and XV.
11th. Affording unlimited modifications of positions.
12th. Stability and firmness while being raised and rotated.
13th. Only successful Dorsal position *without moving patient.*
14th. Broad turntable upon which to rotate the chair, which cannot be bent or twisted.
15th. Stands upon its own merits and not upon the reputation of others.

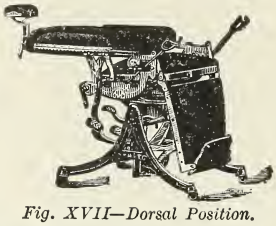


Fig. XVII—Dorsal Position.

Pronounced the *ne plus ultra* by the Surgeon, Gynæcologist, Oculist and Aurist.

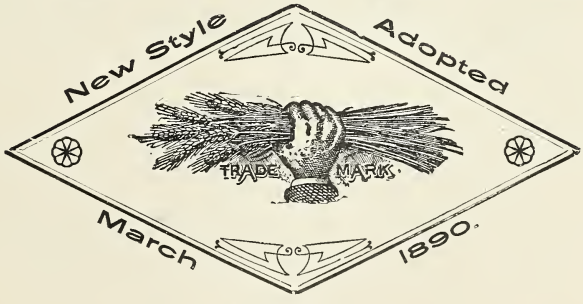
MANUFACTURED EXCLUSIVELY BY

CANTON SURGICAL AND DENTAL CHAIR CO.,

38 to 54 East Eighth and 50 to 52 South Walnut Streets. CANTON, OHIO.

DUKEHART'S

Pure Extract of Malt and Hops.



NON-ALCOHOLIC.

This Malt is not a BEVERAGE. but a MEDICINE, a tablespoonful and a half being a dose; about 16 doses to the bottte. Is the best galactagogue known.

THE DUKEHART COMPANY,

BALTIMORE, MD., U. S. A.

Mention this Journal.

DR. JULIUS FEHR'S

"COMPOUND TALCUM"

"BABY POWDERS"

THE "HYGIENIC DERMAL POWDER"

— FOR —

Infants and Adults.

Originally investigated and its therapeutic properties discovered in the year 1868 by Dr. Fehr, and introduced to the Medical and Pharmaceutical Professions in the year 1873.

COMPOSITION—Silicate of Magnesia with Carbolic and Salicylic Acids.

PROPERTIES—Antiseptic, Antizymotic and disinfectant.

Useful as a General Sprinkling Powder; with positive Hygienic, Prophylactic and Therapeutic properties.

☞Good in all affections of the Skin.

SOLD BY THE DRUG TRADE GENERALLY.

Per box, plain, 25c; per box perfumed, 50c. Per dozen, plain $1.75; per dozen perfumed, $3.50.

THE MANUFACTURER,

JULIUS FEHR, M. D., Ancient Pharmacist,

HOBOKEN, N. J.

Only advertised in Medical and Pharmaceutical Prints.

THE MEDICAL LAW

LAWS OF 1892
1894
1896

ENACTED BY THE MARYLAND LEGISLATURE.

Sent to any address on receipt of 15 cents.

Maryland Medical Journal,

209 Park Avenue. BALTIMORE.

PARKE, DAVIS & CO.'S

Anti=diphtheritic Serum

[ANTITOXIN]

Our Serum is absolutely sterile, and is put up in hermetically sealed glass bulbs. It is strictly fresh when it leaves the Laboratory, as we keep only a small quantity in stock, for we believe it is better to keep the horses well immunized, and draw from them as occasion demands.

Only young and carefully examined horses are used for producing the antitoxin. And we have never yet had reported a case of sudden death following the use of our Serum.

Our Serum has been officially examined and approved by the following State Boards of Health: Michigan, Massachusetts, Pennsylvania, California, and by the Ontario Board of Health; also by other important Boards of Health in the United States and Canada.

FOUR GRADES OF STRENGTH:

No. 0. A serum of 250 units, for immunizing. White label.
No. 1. A serum of 500 units, for mild cases. Blue label.
No. 2. A serum of 1000 units, for average cases. Yellow label.
No. 3. A serum of 1500 units, for severe cases. Green label.

Special Note. The serums we are now producing are from three to five times as strong as could be had a year ago, and we expect to still further increase their strength. For this reason we list the serums according to the number of units and not according to bulk. The quantity to be injected is now only from 1 to 5 c.c.

We also supply serums for tetanus, tuberculosis, and streptococcus diseases, as well as Coley's Mixture and the toxins of erysipelas and prodigiosus. We prepare different culture media, microscopic slides of disease germs, etc., a description of which will be furnished upon application.

Correspondence respectfully solicited.
Literature mailed upon request.

Parke, Davis & Company,

BRANCHES:
NEW YORK: 90 Maiden Lane.
KANSAS CITY: 1008 Broadway.
BALTIMORE: 8 South Howard St.
NEW ORLEANS: Tchoupitoulas and Gravier Sts.
BRANCH LABORATORIES:
LONDON, Eng., and WALKERVILLE, Ont.

Manufacturing Chemists,

DETROIT, MICH.

STRICTLY PROFESSIONAL.

HYDROLEINE

(HYDRATED OIL)

Is a purely scientific preparation of Cod Liver Oil for the treatment of Incipient Consumption, Scrofula, Rickets, Bronchitis, Whooping Cough, and all wasting diseases.

Formula—Each Dose Contains: *Pure Norwegian Cod Liver Oil, 80 m. (drops), Distilled Water, 35 m. (drops), Soluble Pancreatin, 5 grains, Soda, ⅓ grain, Salicylic Acid, ¼ grain.*

DOSE.—Two teaspoonfuls alone or mixed with twice quantity of water, to be taken after each meal.

HYDROLEINE is a pancreatized Cod Liver Oil preparation of pure Norwegian Cod Liver Oil (from Lofoten), that is prepared as the direct result of a long series of physiological experiments, conducted by H. C. Bartlett, Ph. D., F. C. S., and G. Overend Drewry, M. D., M. C. R. S., and encouraged with many practical suggestions by Bence Jones and Baron Liebig.

HYDROLEINE is based on sound scientific principles; it is easily digested and assimilated, without producing eructations. Appetite is increased, and that, so far from possessing the unpleasant taste of Cod Liver Oil and its emulsions, HYDROLEINE is palatable as milk, and pleasant. The formula is well known and the preparation has received the endorsement of physicians throughout the United States. It is sought to introduce HYDROLEINE exclusively on its merits, and for that reason the profession is appealed to only through the columns of medical journals.

SOLD BY DRUGGISTS GENERALLY.

The Charles N. Crittenton Co. Sole agents for the United States, **New York.**

WAMPOLE'S

PERFECTED AND TASTELESS PREPARATION OF **COD LIVER OIL.**

(OL. MORRH. COMP. WAMPOLE)

Contains a solution of the combined alkaloidal and other active medicinal principles, obtainable from one-fourth its volume of pure Cod Liver Oil, the oily or fatty portion being entirely eliminated. These principles are extracted from the oil while it is yet contained in the fresh Cod Livers, and combined with Extract of Malt, Fluid Extract Wild Cherry Bark, and Syrup of Hypophosphites Compound (containing Lime, Soda, Potassium, Iron, Manganese, Quinine and Strychnia).

COPY OF ANALYSIS:

Laboratory of ROBERT G. ECCLES, M. D., Brooklyn, N. Y., April 29th, 1896.

Messrs. HENRY K. WAMPOLE & CO., 441 Green St., Philadelphia, Pa.

GENTLEMEN:—A careful chemical examination of fresh Cod Liver Oil as found in fresh Cod Livers which I obtained direct from the Cod Fish, reveals beyond question the presence of definite alkaloids and other active medicinal principles therein.

An equally careful examination of your Cod Liver Oil Extract, used in the manufacture of your preparation of Cod Liver Oil, demonstrated beyond a peradventure the presence of *these same alkaloids* and the other medicinal substances extracted by me directly from the oil I found in the Cod Livers.

Finally another equally careful analysis of your finished product, "Wampole's Perfected and Tasteless Preparation of Cod Liver Oil," shows in an unquestionable manner the presence therein of *these same alkalouds and medicinal substances* from Cod Liver Oil, together with various hypophosphites, quinine, strychnine, wild cherry, etc.

An examination in detail of your process of manufacture and of the special machinery and apparatus used by you in extracting the combined alkaloidal and other active medicinal principles of Cod Liver Oil convinced me of their efficiency for just such work, and showed the care and pains taken by you to get a pure and useful product.

Very truly yours, ROBERT G. ECCLES.

The clinical results obtained by the use of Wampole's Preparations will prove its efficacy in diseases and conditions where cod liver oil is indicated, in addition to its valuable tonic and alterative effect, due to its other medicinal ingredients.

Circular matter and samples for trial promptly and cheerfully furnished upon application, free of charge. Prepared solely by

HENRY K. WAMPOLE & CO.,

Manufacturing Pharmacists, No. 441 GREEN ST., PHILADELPHIA, PA.